



Workplace Violence Incident Report Form

Fax this form to 5818 Attn: Jamie Moses immediately upon completion.

Employee Name: _____

Name of School: _____

Did an injury occur as a result of the incident?

Yes No

Was medical attention sought as a result of the injury?

Yes No

Did the incident involve a threat of violence or act of violence?

Threat Act

Were the police notified of the incident?

Yes No

Date the incident occurred (mm/dd/yyyy) _____/_____/_____

Where did the incident occur? _____

Please describe the incident that occurred in detail. If an injury was sustained as a result of the incident please describe the injury and what medical attention was needed.

Signature of Employee: _____

Date: _____

Fax this form to 5818 Attn: Jamie Moses immediately.