

Workplace Violence Reporting Form - Officer's Report

Today's Date: _____

Date of Incident: _____

Parties Involved: _____

Description of Incident (Minimally include the names and job titles of involved employees, nature and extent of injuries, description of incident (verbal or physical confrontation or attack), names of witnesses:

Provide information on preventative actions that the public employer has taken or is considering as a result of the incident to prevent further like occurrences:

If additional information is needed use the back side of this page.

As the supervisor on duty at the time of this incident, I provide the above supporting statement without prejudice and attest that the information that I have provided is true.

Supervisor's Signature