

ELIZABETH CITY STATE UNIVERSITY
Workplace Violence Report Form

Division: _____

Division Head: _____

Date of Incident: _____

Date of Report: _____

Person Submitting Report: _____

Title: _____

Telephone number: _____

Type of incident: (check all that apply)

Threat:

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Communicated directly to victim | <input type="checkbox"/> Verbal |
| <input type="checkbox"/> Communicated to another person | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Email |
| _____ | <input type="checkbox"/> Note |

Intimidation:

- Stalking.
- Engaging in activity intended to frighten, coerce, or induce stress
- Other (specify) _____

Physical Attack:

- Hitting, kicking, fighting, pushing, or shoving
- Use of object as weapon
- Use of weapon such as a gun or knife
- Other (specify) _____

Property Damage:

- Damage to State property
- Damage to personal property
- Other (specify) _____

VICTIM(S) INFORMATION:

Total number of victims: _____

List total number for each

- | | |
|---|---------------------------------------|
| _____ Physical injuries | _____ Trauma/Emotional Injuries |
| _____ Medical care required | _____ EAP/Psychological care provided |
| _____ Workers' compensation claim filed | _____ Attended Trauma Debriefing |

Name of victim _____

Name of victim _____

PERPETRATORS INFORMATION (if known)

- | | |
|--|--|
| <input type="checkbox"/> Employee | <input type="checkbox"/> Partner/family member of employee |
| <input type="checkbox"/> Supervisor | <input type="checkbox"/> Customer/client |
| <input type="checkbox"/> Former employee | <input type="checkbox"/> Stranger |

If perpetrator was employee, supervisor, or former employee, complete the following:

Length of employment:

- | | |
|---|--|
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 5-10 years |
| <input type="checkbox"/> Less than 2 years | <input type="checkbox"/> over 10 years |
| <input type="checkbox"/> 2-5 years | |

Have other reports been made regarding this perpetrator?

- Yes No

Please attach copies of previous reports with this document if applicable.

Name of perpetrator _____

Name of perpetrator _____

WITNESSES INFORMATION (if any)

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

