ELIZABETH CITY STATE UNIVERSITY Workplace Violence Report Form

Divis	sion:	
Divis	sion Head:	
Date	of Incident:	
Date	of Report:	
	on Submitting Report:	
	:	
	phone number:	
Туре	e of incident: (check all that apply)	
Thre	at:	
	ommunicated directly to victim	□ Verbal
	ommunicated to another person	□ Mail □ Email
	ther (specify)	$_ \square Email \\ \square Note$
		—
	nidation:	
	talking.	
	ngaging in activity intended to frighten, coerce, or induce stress Other (specify)	
•	ical Attack:	
	litting, kicking, fighting, pushing, or shoving	
	se of object as weapon	
	Use of weapon such as a gun or knife	
$\Box = C$	Other (specify)	

- 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)			
 Employee Supervisor Former employee Stranger 			
If perpetrator was employee, supervisor, or former employee, complete the following: Length of employment: Less than 6 months D 5-10 years Less than 2 years D over 10 years 2-5 years			
Have other reports been made regarding this perpetrator?			
\Box Yes \Box No			
Please attach copies of previous reports with this document if applicable.			
Name of perpetrator			
Name of perpetrator			
Name:			
Phone Number:			
Name:			
Phone Number:			
Name:			
Phone Number:			

REASON FOR INCIDENT: (check all that apply)

- \Box Conflict with co-worker(s)
- □ Conflict with supervisor
- □ Family/Domestic dispute
- □ Receiving poor performance evaluation
- □ Receiving disciplinary action
- □ Racial tension

- □ Alcoho1/drugs in the workplace
- □ Mental Health problems
- □ Dispute over services
- □ Dismissal
- □ Other _____

INITIAL RESPONSE:

- □ Situation defused
- □ Security called
- □ Police called
- □ Other _____

ACTION TAKEN

- □ Written warning
- □ Suspension
- □ Transferred employee
- □ Mediation
- \Box No action taken

NARRATIVE:

- Workplace Violence Coordinator notified
- □ EAP consulted
- □ Employee on Investigative Status with Pay
- Dismissal
- **Restraining Order**
- Charges filed
- Other _____