

**This form may be used to document any reportable workplace violence incident.** For any Level I incident, it is recommended that employees report the incident to their Department Head within 48 hours of the occurrence. For all Level II and Level III incidents, the incident should be reported immediately. The Department Head is responsible for completing and forwarding this form to the Personnel Officer and/or Safety Engineer within the same timeframes.

Victim's Name	
Job Title	
Contact Information: Telephone No.; Address: Street, City, State, ZIP	
Communication Preference: Telephone, Mail, Email	
Department / Location	
Date and Time of Incident	
Workplace Location of Incident	
Name / Job Title of Individual Completing Report	
Date Incident Report Completed	
Date Incident Report Received by Human Resources	

The following are examples of **Level I** types of workplace violence incidents.

- Attempt or threat, whether physical or verbal, to inflict physical injury upon an employee

The following are examples of **Level II** types of workplace violence incidents.

- Threatening with an object
- Verbal threats of assault
- Obscene or threatening calls
- Being followed or stalked

The following actions are examples of **Level III** types of workplace violence incidents.

- Pushing
- Striking with an object
- Sexual Assault
- Homicide
- Grabbing
- Stabbing
- Shooting

Describe each incident separately, including dates, times and locations. If you cannot remember exact dates, times or locations, please provide approximations, including events leading up to the incident, how the incident ended, and nature and extent of injuries. If the case is a "privacy concern case", remove the name of the employee who was the victim of the workplace violence and enter "Privacy Concern Case" in the space normally used for the employee's name. Privacy concern cases include cases involving (1) injury or illness to an intimate body part or the reproductive system; (2) injury or illness resulting from a sexual assault; (3) mental illness; (4) HIV infection; (5) needle stick injuries and cuts from sharp objects that are or may be contaminated with another person's blood or other potentially infectious materials; and (6) other injuries or illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the report. Use additional pages if necessary.

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List names and job titles of individuals involved in this incident:

Employee Name	Employee Job Title	Contact Information (ie: phone number)

List any individuals who may have witnessed this incident:

Witness Name	Witness Job Title	Witness Work Phone Number

Assailant/Perpetrator	√	Name	Address	County	State
Member of the Public	<input type="checkbox"/>				
Employee's Spouse	<input type="checkbox"/>				
Employee's Significant Other	<input type="checkbox"/>				
Employee's Supervisor	<input type="checkbox"/>				
Co-Worker	<input type="checkbox"/>				
Former Employee	<input type="checkbox"/>				
Other (specify)	<input type="checkbox"/>				

\*I attest that the information I have provided is a true and accurate description of my complaint and that I have not willfully or deliberately made false statements. I understand that Cattaraugus County prohibits any individual from retaliating against me for filing a complaint and that I am to notify my Department Head, the Personnel Officer or the Safety Engineer.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEPARTMENT HEAD SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PERSONNEL OFFICER

\_\_\_\_\_  
DATE

**For Internal County Use Only**

Did police respond to the incident?     Yes     No

Was a police report filed?     Yes     No    Police Report Number \_\_\_\_\_

Was the victim injured?     Yes     No

If yes, please specify the injuries and the name and location of the facility that provided medical care:

Did the victim lose any work days?     Yes     No    If yes, number of days \_\_\_\_\_

Has the victim been informed of the crisis counseling services available?     Yes     No

Has the victim received counseling since this incident?     Yes     No

Did the victim have any reason to believe that this incident might occur?     Yes     No

Are you aware of any measure that the County has taken to avert this incident from occurring in the future?

Yes     No    Please describe: \_\_\_\_\_

Has the authorized employee representative been notified?     Yes (date)\_\_\_\_\_     No     N/A

Indicate the steps that have been taken to mitigate future incidents of a similar nature:

Action Taken	Date Completed

Indicate any steps currently being taken by the County to mitigate future incidents and/or any interim protective measures being taken:

Action in Progress and/or Interim Protective Measures	Estimated Date of Completion

Indicate any other work sites, if applicable, that will require similar action to mitigate future incidents:


\_\_\_\_\_  
DEPARTMENT HEAD SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PERSONNEL OFFICER

\_\_\_\_\_  
DATE