

Workplace Violence Incident Report

General Information

Date of Incident

MM/DD/YYYY

Time of Incident

HH:MM AM/PM

Location of Incident

Individuals Involved

Reported By

Name / Position

Employee(s) Involved

Name(s) / Position(s)

Witnesses

Name(s)

Incident Details

Type of Incident

e.g. Threat, Physical Assault, Verbal Abuse

Description of Incident

Describe what happened...

Injuries or Damages (if any)

List any injuries, damages, or medical attention required

Immediate Actions Taken

Describe actions taken after the incident

Recommended Follow-Up

Suggestions for prevention or further action

Reporting

Date Reported

MM/DD/YYYY

Signature

Reporter Name or Signature