

Report of Workplace Violence Incident

(Alternative to WeTip Report of Incident)

Instructions: Complete this form after an incident of violence (threat or physical attack) and provide it to your supervisor, or to the Assistant Superintendent of Human Resources, or the Director of Safety & Risk Management.

Date of Incident: _____ Time: _____ Worksite Location: _____

Specific Location at Worksite: _____ Your Name: _____

Perpetrator's Name: _____ Student ____ Employee ____ Other: _____

Witness Name(s): _____

Detailed Description of Incident: _____

Were you injured? Yes ____ No ____ If injured, did you report this to *Company Nurse*?? Yes ____ No ____

*All workplace injuries should be reported immediately to your supervisor and to *Company Nurse*, (855) 602-5267

Distribution: Send a copy of the completed report to Risk Management.