

Workplace Violence Incident Checklist

Employee Name:	Other Employees Involved: (list names below)
Reporting Employee Name:	Employee Name:
Reporting Employee's Supervisor Name:	Employee Name:
Facility/Division/Unit:	Employee Name:
Date and Approximate Time of Incident:	Employee Name:

Description Of Incident: (Provide a summary of the incident and attach any reports and supporting documentation. Use back of form for additional space if needed)

Incident Type: (Report only non-inmate/offender related incidents using the list below)
Circle the appropriate description

1. Act of Violence = Any act where there is reasonable potential for the infliction of physical or emotional harm or trauma
2. Direct Threat = Written, verbal, or behavioral messages that either explicitly communicate or demonstrate intent to inflict harm or instill fear
3. Implied or Veiled Threat = Written, verbal, or behavioral messages that either implicitly communicate or demonstrate intent to inflict harm or instill fear
4. Conditional Threat = A Conditional Threat warns that a violent act will occur if or when certain conditions are present
5. Non-Verbal Threat = A Non-Verbal Threat is a behavioral message that is meant to intimidate others or instill fear
6. Other: (If selecting this option, please provide an explanation)

Facility/District/Unit Response: (Date all actions taken in response to the incident)	Date
Ensure safety of workplace and employees/visitors/vendors; notify Division Manager	
Solicit assistance from local law enforcement as needed	
Verbally notify office of chief administrator of Employee Services and provide incident reports within 48 hours	
Referral of employee making threat to EAP	
Referral of all involved parties to EAP	
Facility/district/unit investigates incident; provides copy to office of chief administrator of Employee Services Found to be substantive Y N	
Suspend law enforcement duties and peace officer commission of any employee under investigation	
Report investigative findings to the Division Manager or Associate Director Div. Mgr./Assoc. Dir. referred incident to Inspector General Y N Division Manager refer incident to ERRU for discrimination, retaliation, harassment, or other Title VII Civil Rights of 1964 violation Y N	
Employee making threat was removed from the workplace	
Employee placed on paid administrative leave for "cooling off" period (maximum 32 hours in 12 month period)	
Intended target was immediately notified verbally/in writing of nature of threat and nature of precautions implemented	
Mental health fitness for duty exam requested	
Discipline is under consideration (if yes, please complete Type of Discipline box below)	
Discipline was taken (if yes, please complete Type of Discipline box below)	
Describe Type of Discipline Taken or Under Consideration:	

Facility/District/Unit Head Signature:	Date:
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The Workplace Violence Incident Checklist is to be forwarded by the facility/district/unit head to the office of the chief administrator of Employee Services within two weeks of the incident.