WORKPLACE VIOLENCE INCIDENT LOG

This form must be completed for every record of violence in the workplace

Incident ID #*:	Date and Time of Incident:	Department:
Specific Location of Incident:		

** Do not identify employee. Omit name, address, employee #, email, phone number, SSI or any other identifying information.*

Describe Incident (Include additional pages if needed):

Assailant information:

☐ Contractor	☐ Client	☐ Customer
☐ Vendor	☐ Family or Friend of Client	☐ Family or Friend of Customer
☐ Partner/Spouse of Victim	☐ Parent/Relative of Victim	☐ Co-Worker/Supervisor/Manager
☐ Former Partner/Spouse of Victim	☐ Animal	☐ Person In Custody
☐ Robber/Burglar	☐ Passenger	☐ Stranger
☐ Student	☐ Employee	☐ Other

Circumstances at time of incident:

☐ Employee Performing Normal Duties	☐ Poor Lighting	☐ Employee Rushed
☐ Employee Isolated or Alone	☐ High Crime Area	☐ Low Staffing Level
☐ Unable to Get Help or Assistance	☐ Working in a Community Setting	☐ Unfamiliar or New Location
☐ Other:		

Location of Incident:

☐ Office	☐ Emergency or Urgent Care	☐ Hallway
☐ Reception	☐ Restroom or Bathroom	☐ Parking Lot or Outside Building
☐ Personal Residence	☐ Breakroom/Lunchroom	☐ Kitchen area
☐ Other:		

Type of Incident (check as many apply):

☐ Robbery	☐ Grabbed	☐ Pushed
☐ Verbal Threat or Harassment	☐ Kicked	☐ Scratched
☐ Sexual Threat, Harassment, or Assault	☐ Hit with an Object	☐ Bitten
☐ Animal Attack	☐ Shot (or Attempted)	☐ Slapped
☐ Threat of Physical Force	☐ Bomb Threat	☐ Hit with Fist
☐ Threat of Use of Weapon or Object	☐ Vandalism (of Victim's Property)	☐ Knifed (or Attempted)
☐ Assault With A Weapon or Object	☐ Vandalism (of Employer's Property)	☐ Arson
☐ Other:		

Consequences of incident:

Medical care provided? ☐ Yes ☐ No Law enforcement called? ☐ Yes ☐ No Security contacted? ☐ Yes ☐ No

Did anyone provide assistance to conclude the event? ☐ Yes ☐ No Days lost from work (if any) _____

Actions taken by employer to protect employees from a continuing threat? ☐ Yes ☐ No

Completed by:

Name:	Title:	Date:
Telephone:	Email:	
Signature:	Telephone:	

Once form is complete return to HR@pittsburgca.gov or the Director of Human Resources.