

Workplace Violence Incident Report

Date of incident ____/____/____.

Today's Date ____/____/____.

Time of incident _____.

Location of incident _____.

Employee Name _____.

Title _____.

Workplace location _____.

What was the employee doing just prior to the incident?

Incident description (minimally include the names of employees involved, extent of injuries and names of witnesses):

Provide information on preventative actions that the Town of Hannibal has taken or is considering as a result of the incident to prevent against further like occurrences:

After the occurrence of a workplace violence incident, the Town of Hannibal shall consider global (all Town work sites) prevention enhancements, which may be necessary to properly protect its employees.

The employer is responsible for maintaining copies of all reports, which shall be used when the program is reviewed and updated.