

PRIVILEGED AND CONFIDENTIAL
CITY OF SYRACUSE
WORKPLACE VIOLENCE INCIDENT REPORT FORM

Date ____/____/____

Time ____:____

Employee (victim) Name _____ Employee # _____ Job Title _____

Department _____ Shift _____ Supervisor _____

Incident ____/____/____ :____ Location _____

Type of incident (check all that apply)

<input type="checkbox"/> Harassed by Email or other written	<input type="checkbox"/> Bitten	<input type="checkbox"/> Arson
<input type="checkbox"/> Harassed Verbally	<input type="checkbox"/> Sexually Assaulted	<input type="checkbox"/> _____
<input type="checkbox"/> Threatened Verbally	<input type="checkbox"/> Forcibly Touched	<input type="checkbox"/> _____
<input type="checkbox"/> Pushed	<input type="checkbox"/> Shot or attempted	<input type="checkbox"/> _____
<input type="checkbox"/> Grabbed	<input type="checkbox"/> Stabbed or attempted	<input type="checkbox"/> _____
<input type="checkbox"/> Detained	<input type="checkbox"/> Stalked	<input type="checkbox"/> _____
<input type="checkbox"/> Kicked	<input type="checkbox"/> Vandalism (Employee Property)	<input type="checkbox"/> _____
<input type="checkbox"/> Punched	<input type="checkbox"/> Vandalism (Employer Property)	<input type="checkbox"/> _____
<input type="checkbox"/> Slapped	<input type="checkbox"/> Robbery	<input type="checkbox"/> _____
<input type="checkbox"/> Hit with Object	<input type="checkbox"/> Bomb threat	<input type="checkbox"/> _____

Briefly Describe Incident _____

Was the Victim Injured Yes No Nature/Extent of injury _____

Medical Treatment _____

Is the injury an OSHA 900 recordable or reportable injury Yes No (See Personnel Representative for determination)

Were Police called Yes No Did They Respond Yes No Was a report filed Yes No DR # ____-_____

Was Assailant Arrested Yes No Date ____/____/____ Time ____:____

Charges _____

Assailant/Perpetrator (circle) Co-worker Supervisor Employee Visitor Relative Spouse Friend Intruder
Vender Former Employee Partner Public Patient _____ _____ _____ _____

Assailant/Perpetrator: Name _____ Address _____
Job Title _____

Restraining or Protection order issued _____

Witnesses :

#1 _____ Telephone # _____ - _____

#2 _____ Telephone # _____ - _____

#3 _____ Telephone # _____ - _____

Department Head Notified Date ____/____/____ Time ____:____

Incident Report Requested Yes No completed ____/____/____

Was Union Representative Notified Yes No _____ Who _____
How Notified _____

Director of Personnel Notified Date ____/____/____ Time ____:____

Action Taken by Supervisor _____

Action Taken by Department _____

Action Taken by City _____

Victim offered services of the EAP Yes No

Assailant Referred for Evaluation Yes No

Suggestions for preventing a similar incident in the future _____

Report Prepared by _____ Date ____/____/____

Signature _____

Employees Signature _____ Date ____/____/____

Director of Personnel comments _____

Sent To City Safety Officer Date ____/____/____

