

# Plumas County Department of Risk Management

1446 East Main St. Quincy CA 95971 Phone: (530) 283 – 6315



## Workplace Violence Incident Report Form

Print this form, fill out and forward to the Plumas County Risk Management Department within 24 hours.

### **Section 1: Information about the individual completing this log.**

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date completed: \_\_\_\_\_

Phone number: \_\_\_\_\_

### **Section 2: Information about the incident.**

Date of incident: \_\_\_\_\_

Time of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Was Law Enforcement contacted?  Yes  No If yes, was there a case number?

Case # \_\_\_\_\_

### **Section 3: Workplace violence type.** (Read through each type before checking the appropriate box.)

- “Type 1 violence,” which means workplace violence committed by a person who has no legitimate business at the worksite, and includes violent acts by anyone who enters the workplace or approaches workers with the intent to commit a crime.
- “Type 2 violence,” which means workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors.
- “Type 3 violence,” which means workplace violence against an employee by a present or former employee, supervisor, or manager.
- “Type 4 violence,” which means workplace violence committed in the workplace by a person who does not work there, but has or is known to have had a personal relationship with an employee.

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## **Section 4: Type of incident:** (check all that apply)

- Physical attack without a weapon: (examples include but are not limited to: pushing, kicking, spitting, biting, choking, grabbing or pushing).
- Physical attack with a weapon: (examples include but are not limited to: firearms, knives, bats or tools).
- Threat of physical force, violence or use of weapons or other objects.
- Sexual assault, battery or threat of sexual assault (examples include but are not limited to; rape, attempted rape or physical display).
- Animal attack.
- Other: \_\_\_\_\_

Were there any injuries?  Yes  No.

Please explain:

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Were emergency medical responders other than Law Enforcement contacted, such as a Fire Department or Paramedics?  Yes  No

If yes, please indicate who responded.

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Witness information:

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Statement: \_\_\_\_\_

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## Incident:

Describe the incident in detail: (use additional sheets as needed).

Name of person completing log \_\_\_\_\_

Title of person completing log \_\_\_\_\_

Signature of person completing log

Date

Date provided to the Plumas Co.

Date provided to the Plumas County Risk Management Department: \_\_\_\_\_