



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.

Plumas County Department of Risk Management

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



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:

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

If yes, please indicate who responded.

Witness information:

Name: _____

Phone number: _____

Statement: _____

