

**NEW JERSEY PUBLIC EMPLOYMENT RELATIONS COMMISSION
VIOLENCE IN THE WORKPLACE INCIDENT REPORT FORM**

INSTRUCTIONS: Part 1 is to be completed by the Supervisor or Director who will forward it to the Violence in the Director of Administration within 24 hours of an incident of Violence in the Workplace. A copy of this form should be kept at the worksite for the Director. Part 2 is to be completed in 10 days of the incident and sent to the Director of Administration.

PART 1

1. INDIVIDUALS/PROPERTY INVOLVED IN INCIDENT

A. VICTIM'S NAME: _____ **JOB TITLE:** _____

B. DIVISION/SECTION: _____ **WORK LOCATION:** _____

C. Additional victim name(s): _____
(Please note separate reports will need to be completed for each incident)

D. PROPERTY DAMAGED: YES NO Please describe: _____

2. INCIDENT INFORMATION:

Date: _____ Time: _____ Location: _____

Incident Type (circle one): Threats, Threatening Behavior, Harassment, Intimidation, Physical Assault or Property Damage Other (please specify): _____

Describe Incident: _____

Weapon involved: YES NO If yes, please describe: _____

Any of the victims injured: YES NO Name(s): _____

Specific injury: _____

Police response sought: YES NO Name of Police Dept: _____

Point of Contact: _____

3. PERPETRATOR INFORMATION (Circle all that apply): Current Employee, Former Employee, Client, Public Member, Other _____

Name(s) of perpetrator(s), if known _____

4. IMMEDIATE ACTION TAKEN: Who was notified: _____

Employee received medical attention: YES NO If yes, describe: _____

Employee or co-workers offered counseling: YES NO EAS or other: _____

Direct Intervention Taken: YES NO If yes, describe: separate parties for _____ days and or _____

5. FORM COMPLETED BY: _____ **Date:** _____

Signature _____ **Date:** _____

PART 2 INITIAL INCIDENT REPORT FORM

1. FURTHER ACTION/NOTIFICATION

Was any further action taken by the site manager? YES NO If yes, specify:

Has victim or co-workers had any counseling or supportive help since the incident?

YES NO.

If yes, who provided counseling, if known:

Incident disposition (circle all that apply): No action taken, arrest, disciplinary action request, other: _____

2. ADDITIONAL INFORMATION:

Did victim lose any work days? YES NO Specify:

Did Victim indicate that another incident might occur? YES NO

If yes, describe:

Has this type or similar incident(s) happened previously to the victim while at this location?

YES NO Specify:

_____ What does victim feel can be done in the future to avoid such an incident? _____

Was this perpetrator involved in previous incidents? YES NO Specify:

What steps have been taken to prevent similar incidents? (specify):

Has any other corrective action been taken? (specify):

3. Comments:

4. FORM COMPLETED By: _____ **Date:** _____

Signature: _____ **Date:** _____