

**N.J. Department of the Treasury
 WORKPLACE VIOLENCE INCIDENT REPORT**

Instructions: Sections 1-6 to be completed by the worksite manager/employee and given or faxed to Treasury Human Resources within 24 hours of an incident of workplace violence. A copy should be maintained at the worksite.

1. Incident

Date: ___/___/___ Time:__:___ AM PM Location: _____

Type: Physical Attack Threat Verbal abuse or harassment

Weapon Involved? YES NO If yes, please describe:

Any advance indication that incident might occur? YES NO If yes, please explain:

Description (*Describe incident in detail. Attach additional sheets and witness statements*):

2. Victim(s)

Name: _____ Title: _____

Unit: _____ Work Location: _____

Injured?: YES NO If yes, please describe injury:

Medical attention?: YES Location of treatment _____ NO If yes, please describe:

First time victim?: YES NO If no, briefly describe previous incidents:

If more than one victim, please attach additional sheets and provide this information on each victim.

3. Property Damage

Was property damaged? YES NO If yes, please describe damages:

4. Alleged Perpetrator

Check one: Intruder Client Former Employee Current Employee

Family/Friend of Employee Other: _____

Name (If known): _____

Involved in previous incidents?: YES NO If yes, please give details:

5. Management Response

Parties Notified: Family Treasury HR Division Mgt. Union Rep. _____
Name of union representative

Police: _____ Other: _____
Name of department

Police Report Filed?: YES NO **Attach copy if available.**

Accident Report (RM2) Filed?: YES NO **Attach copy if available.**

Other Actions Taken (Please describe):

6. Report Completed By Manager

Name: _____

Title: _____

Signature Date

Work Phone: () _____

Report Completed By Employee

Name: _____

Title: _____

Signature Date

Work Phone: () _____

HUMAN RESOURCES USE ONLY

Attach additional sheets if necessary

Investigation: _____

Action: _____

EAS Referrals (Names/Dates): _____

Name: _____ Date: _____