

Attachment 1

DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
Violence In the Workplace Check List

Incident reported to _____
Incident report received _____
Incident level 1 _____ 2 _____ 3 _____

Response to Level 1 Incidents

Argues **Uses profanity at others** **Threats**

1. Separate co-worker/perpetrator from target or victim and counsel as appropriate.
2. Complete DEPARTMENT OF MILITARY AND VETERANS AFFAIRS Incident Report and include statements of all witnesses.
3. Initiate disciplinary action as appropriate.
4. Forward all relevant data to the Chair of the Crisis Response Team with Incident Report by the next working day.
5. Forward a copy of the DEPARTMENT OF MILITARY AND VETERANS AFFAIRS Incident Report to the Division Director.

Response to Level 2 Incidents

Property Damage **Threats** **Altercation** **Weapon**

1. Separate co-worker/perpetrator from target(s) or victim.
2. Notify "possible targets" of hostility.
3. Contact the Crisis Response Team Leader to determine if police involvement is necessary for example, to determine if the incident is criminal.
4. Complete Incident Report and include statements of all witnesses.
5. Forward all relevant data with Incident Report to the Chair of the Crisis Response Team by the next working day with a copy of the incident report to the Division Director.
6. Initiate disciplinary action as appropriate.
7. Notify facility administrators during dayshifts or designee for evenings and weekends.
8. Arrange for post incident counseling for target(s), victim(s) or perpetrator, if necessary.

Response to Level 3 Incidents

Threatens Suicide **Destroys Property** **Personal Injury** **Weapon**

1. Separate co-worker/perpetrator from target(s) or victim(s) and counsel as appropriate.
2. Obtain police assistance to remove or detain perpetrator.
3. Notify possible targets of hostility.
4. Complete Department of Military and Veterans Affairs Incident Report and include statements of all witnesses.
5. Notify Division Director and the Crisis Response Team Leader immediately. The Crisis Response Team Leader will notify the Crisis Management Team Leader, the Deputy Commissioner for Veterans Affairs and/or designee.
6. Forward all relevant data to the Crisis Response Team Leader with Incident Report as soon as possible and not later than the next working day.
7. Arrange for post incident counseling of target(s), victims(s) or perpetrator, if necessary.
8. Initiate disciplinary action in accordance with Departmental Directive 230.05.

Submitted by (PRINT) _____ DATE _____

Date report sent to the Division Director _____

Follow-up is due _____

Attachment 2

NEW JERSEY DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
VIOLENCE IN THE WORKPLACE INCIDENT REPORT FORM

INSTRUCTIONS: Part 1 is to be completed by the Line Supervisor or Crisis Response Team Leader who will forward it to the Violence in the Workplace Liaison within 24 hours of an incident of Violence in the Workplace. A copy of this form should be kept at the worksite for the manager. Part 2 is to be completed in 10 days of the incident and sent to the Violence in the Workplace Liaison for the DEPARTMENT OF MILITARY AND VETERANS AFFAIRS.

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 victim)

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:

Resident Current Former Employee Current Former Supervisor/Manager

Family/Friend of employee other: _____
Perpetrator's name (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: Print Name _____ Date: _____
Signature of Worksite Manager: _____ 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: _____

Was the bargaining unit representative notified? YES NO Name _____

Date of Contact _____

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 COMPLETION:

Employee completing form: _____ Date: _____

Signature of Worksite Manager: _____ Date: _____

Printed Name of Worksite Manager: _____