

WORKPLACE VIOLENCE INCIDENT REPORTING FORM
Chesapeake Conference of Seventh-day Adventists

Date Reported: _____

Name of Person Making Report:

Telephone Number:

If anonymous, indicate method of notification:

Telephone call Written document Other; specify: _____

Name/Location of incident:

Name of alleged threat maker/perpetrator: _____

Your relationship to the Conference

Employee Visitor Vendor Contractor Student

Your Relationship to Victim/Potential Victim: _____

Name of victim/potential Victim: _____

Additional information or documents may be attached if necessary

When (date), where (physical location), and what time did the alleged threat or act of violence occur?

What events occurred immediately prior to the incident?

What was the specific language of the alleged threat?

Provide specific details of the alleged threat or act of violence:

Describe the conduct and appearance of the threat maker/perpetrator (physically and emotionally):

Names of Witnesses:

#1 _____
#2 _____
#3 _____

Telephone Numbers:

What happened to the threat maker/perpetrator after the incident?

Names of supervisory staff involved and how they responded:

Steps that have been taken to ensure the threat will not be carried out or act of violence repeated:

Was local law enforcement notified? Yes No

If yes, what action was taken by law enforcement?

No action taken Report written Suspect escorted from property Suspect arrested

Name of local Law Enforcement Agency: _____

Suggestions for preventing a similar incident in the future:

Report Prepared by: _____ Date: _____

Title _____ Phone No.: _____