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| --- | --- | --- | --- |
| **Section 1** | **Information About the Incident** |  |  |
| Date of Incident |       | Time It Occurred |       |
| Where Incident Occurred |       |
| Description of the Incident |  |  |  |
|       |
| **Workplace Violence Type** | Check only one box |  |  |
| [ ]  | **Type 1** | Workplace violence committed by a person who has **no legitimate business at the worksite.** Includes violent acts by anyone who enters the workplace or approaches workers with the **intent to commit a crime.** |
| [ ]  | **Type 2** | Workplace violence directed at employees by students, contractors, vendors, visitors, clients, patients, consultants and others with legitimate business at the worksite. |
| [ ]  | **Type 3** | Workplace violence against an employee by a present or former employee, supervisor, or manager. |
| [ ]  | **Type 4** | 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. |

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| **Incident Details** (Check all that apply) |
| **Perpetrator Type** (Select one) | **Circumstances of the Incident** | **Incident Type** |
| [ ]  | Stranger | [ ]  | Performing usual job duties | [ ]  | Physical attack with a weapon or object |
| [ ]  | Student | [ ]  | Working in unfamiliar/new location | [ ]  | Attack without a weapon |
| [ ]  | Contractor/Vendor | [ ]  | Working in community setting | [ ]  | Threat of physical force or threat of the use of a weapon/object |
| [ ]  | Visitor | [ ]  | Poorly lit area |
| [ ]  | Client/Customer | [ ]  | Isolated/alone | [ ]  | Sexual assault or threat (Including rape, attempted rape, physical display, or unwanted verbal or physical sexual contact.) |
| [ ]  | Employee | [ ]  | Low staffing level |
| [ ]  | MPP Manager | [ ]  | Rushed |
| [ ]  | Supervisor/Lead/PI | [ ]  | Unable to get help/assistance |
| [ ]  | Volunteer Worker | [ ]  | Escape route unavailable | [ ]  | Animal attack |
| Victim’s . . . | [ ]  | Cash Handling Area (e.g., ATM, Ticket Office) |  |  |
| [ ]  | Spouse/Partner  |  |  |  |  |
| [ ]  | Parent/Relative/Guardian |  |  |  |  |
| [ ]  | Friend / Former Acquaintance | **Does this incident meet Title IX criteria?** |  | [ ]  Yes [ ]  No [ ]  Don’t Know |
| [ ]  | Other |       |  |  |  |  |

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| **Section 2** | **Consequences of Incident** |
| Was UPD or Police contacted? | [ ]  Yes [ ]  No | Response |       |
| Was anyone injured? | [ ]  Yes [ ]  No | Note |  |
| Immediate actions taken following this incident to address hazards or protect employees: |
|       |  |  |  |
| Recommended corrective action to be taken because of this incident: |
|       |

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| **Section 3** | **Identification of Involved Persons** |
| Victim Name(s) |       | Contact |       |
| Perpetrator Names(s) |       | [ ]  Unavailable due to ongoing criminal case |
| **Section 4** | **Information About the Person Completing this Report** |
| Name of Person |       | Job Title |       |
| Date Report Completed |       | Email |       |