|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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: | | | | |
|  | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | |  |