

Report of Workplace Violence Incident

Instructions: Complete this form after an incident of violence (threat or physical attack) and provide it to your supervisor, or to the Human Resources Department, or the email to wvppreport@dusd.net.

Date of Incident: _____ Time: _____ Worksite Location: _____

Specific Location at Worksite: _____ Your Name: _____

Perpetrator's Name: _____ Student ___ Employee ___ Other: _____

Witness Name(s): _____

Detailed Description of Incident: _____

Were you injured? Yes ___ No ___ If injured, did you report this to *Company Nurse**? Yes ___ No ___

*All workplace injuries should be reported immediately to your supervisor and to the Human Resources Department.

Distribution: Send a copy of the completed report to Risk Management.