

WORKPLACE VIOLENCE INCIDENT REPORT

DGS OHR 24 (Rev. 12/2016)

Office of Human Resources

REPORTED BY:		
NAME	DATE	CLASSIFICATION
DIVISION/OFFICE	OFFICE PHONE	RELATIONSHIP TO RESPONDENT
WORK ADDRESS (Street, City, State, ZIP)		
INCIDENT INITIATED BY:		
NAME	DATE	CLASSIFICATION
DIVISION/OFFICE	OFFICE PHONE	RELATIONSHIP TO COMPLAINANT
WORK ADDRESS (Street, City, State, ZIP)		
INCIDENT DIRECTED AT:		
NAME	DATE	CLASSIFICATION
DIVISION/OFFICE	OFFICE PHONE	RELATIONSHIP TO RESPONDENT
WORK ADDRESS (Street, City, State, ZIP)		
NATURE OF INCIDENT (CHECK ALL THAT APPLY):		
<input type="checkbox"/> Intimidation or harassment <input type="checkbox"/> Conditional threat (If-Then) <input type="checkbox"/> Direct threat (I will...)		
<input type="checkbox"/> Act of violence with property damage <input type="checkbox"/> Act of violence with injury <input type="checkbox"/> Written threat (email-letter-posting)		
<input type="checkbox"/> Other (brief description):		
INCIDENT LOCATION & DESCRIPTION:		
DATE	TIME	LOCATION
WORK ADDRESS (Street, City, State, ZIP)		
INCIDENT DESCRIPTION (Include specific behavior – what was said, what was done, and sequence of events):		

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ASSOCIATED INDIVIDUALS (CHECK ALL THAT APPLY):			
<input type="checkbox"/> WITNESS	<input type="checkbox"/> INJURED	NAME	CLASSIFICATION
<input type="checkbox"/> WITNESS	<input type="checkbox"/> INJURED	NAME	CLASSIFICATION
<input type="checkbox"/> WITNESS	<input type="checkbox"/> INJURED	NAME	CLASSIFICATION
<input type="checkbox"/> WITNESS	<input type="checkbox"/> INJURED	NAME	CLASSIFICATION
<input type="checkbox"/> WITNESS	<input type="checkbox"/> INJURED	NAME	CLASSIFICATION
<input type="checkbox"/> WITNESS	<input type="checkbox"/> INJURED	NAME	CLASSIFICATION
LAW ENFORCEMENT AGENCIES (IF APPLICABLE)			
AGENCY			CASE NUMBER
AGENCY			CASE NUMBER
POST INCIDENT ACTIONS			
SUPERVISORY ACTIONS TO DATE:			
<input type="checkbox"/> ATO REQUIRED	NAME	ATO START DATE	ATO END DATE
<input type="checkbox"/> ATO REQUIRED	NAME	ATO START DATE	ATO END DATE
REASON FOR ADMINISTRATIVE TIME OFF (ATO):			
MANAGEMENT UNIT RECOMMENDATION FOR REMEDY:			
OFFICE OF HUMAN RESOURCES USE ONLY			
FILE STATUS			
<input type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED <input type="checkbox"/> INVESTIGATION			
DATE CLOSED	REMEDY		
INVESTIGATED BY		DATE OPENED	DATE COMPLETED
CHRONOLOGY			