

Section 1: Nature of Incident *(select all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Physical Act of Violence | <input type="checkbox"/> Weapon |
| <input type="checkbox"/> Threat of Violence | <input type="checkbox"/> Harassment/Intimidation |
| <input type="checkbox"/> Unprofessional Conduct | <input type="checkbox"/> Other: |

Section 2: Incident Information

Date	Time	Address of Incident
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Incident Description (Please do not include any personally identifiable information for any employee(s) or person(s) involved in this incident. No personal health information must be included on this form.):

Section 3: Directed At (Complainant) *if multiple complainants, see attached page.*

Last Name	First Name	Classification	
Division/Office	Work Email	Relationship to Respondent	
Work Street Address	City	State	Zip Code

Section 4: Initiated By (Respondent) *if multiple respondents, see attached page.*

Last Name	First Name	Classification	
Division/Office	Work Email	Relationship to Complainant	
Work Street Address	City	State	Zip Code

Section 5: Individuals Involved *(select all that apply) If injury occurs, contact the RTW unit.*

Witness Last Name	Witness First Name	Work Email and Phone Number
<u>Injury Sustained:</u>	<u>Hospitalization:</u>	<u>DGS Employee:</u>
<u>State Employee:</u>	If yes, which state agency:	

Witness Last Name	Witness First Name	Work Email and Phone Number
<u>Injury Sustained:</u>	<u>Hospitalization:</u>	<u>DGS Employee:</u>
<u>State Employee:</u>	If yes, which state agency:	

Witness Last Name	Witness First Name	Work Email and Phone Number
<u>Injury Sustained:</u>	<u>Hospitalization:</u>	<u>DGS Employee:</u>
<u>State Employee:</u>	If yes, which state agency:	

Witness Last Name	Witness First Name	Work Email and Phone Number
<u>Injury Sustained:</u>	<u>Hospitalization:</u>	<u>DGS Employee:</u>
<u>State Employee:</u>	If yes, which state agency:	

Witness Last Name	Witness First Name	Work Email and Phone Number
<u>Injury Sustained:</u>	<u>Hospitalization:</u>	<u>DGS Employee:</u>
<u>State Employee:</u>	If yes, which state agency:	

Section 6: Law Enforcement Agencies Notified *(if applicable)*

Agency	Case Number	Work Email and Phone Number
Agency	Case Number	Work Email and Phone Number

Section 7: Reported By *(managers/supervisors)*

Last Name	First Name	Classification	
Division/Office	Work Email	Relationship to Respondent	
Work Street Address	City	State	Zip Code

ATO:

<input type="checkbox"/> ATO Requested	Last Name	First Name	Date Request Submitted to OHR-CIU
<input type="checkbox"/> ATO Requested	Last Name	First Name	Date Request Submitted to OHR-CIU

Reason for Administrative Time Off (ATO):