

**INCIDENT REPORTED BY:**

FULL NAME	DATE	CLASSIFICATION	
DIVISION/OFFICE	OFFICE PHONE	RELATIONSHIP TO RESPONDENT	
WORK STREET ADDRESS	CITY	STATE	ZIP CODE

**INCIDENT INITIATED BY:**

FULL NAME		CLASSIFICATION	
DIVISION/OFFICE	OFFICE PHONE	RELATIONSHIP TO COMPLAINANT	
WORK STREET ADDRESS	CITY	STATE	ZIP CODE

**INCIDENT DIRECTED AT:**

FULL NAME	DATE	CLASSIFICATION	
DIVISION/OFFICE	OFFICE PHONE	RELATIONSHIP TO RESPONDENT	
WORK STREET ADDRESS	CITY	STATE	ZIP CODE

**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 STREET ADDRESS	CITY	STATE	ZIP CODE

INCIDENT DESCRIPTION (Include specific behavior – what was said, what was done, and sequence of events):

**ASSOCIATED INDIVIDUALS (CHECK ALL THAT APPLY):**

WITNESS	INJURED	NAME	CLASSIFICATION
WITNESS	INJURED	NAME	CLASSIFICATION
WITNESS	INJURED	NAME	CLASSIFICATION
WITNESS	INJURED	NAME	CLASSIFICATION
WITNESS	INJURED	NAME	CLASSIFICATION
WITNESS	INJURED	NAME	CLASSIFICATION
WITNESS	INJURED	NAME	CLASSIFICATION

**LAW ENFORCEMENT AGENCIES (IF APPLICABLE)**

AGENCY	CASE NUMBER
AGENCY	CASE NUMBER

**POST INCIDENT ACTIONS**

SUPERVISORY ACTIONS TO DATE:

ATO REQUIRED	FULL NAME	ATO START DATE	ATO END DATE
ATO REQUIRED	FULL 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

ACTIVE	DATE CLOSED	REMEDY	
CLOSED:	INVESTIGATED BY	DATE OPENED	DATE COMPLETED
INVESTIGATION:			

CHRONOLOGY