

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):

		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:

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

REASON FOR ADMINISTRATIVE TIME OFF (ATO):

MANAGEMENT UNIT RECOMMENDATION FOR REMEDY:

OFFICE OF HUMAN RESOURCES USE ONLY

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

CHRONOLOGY