Violent Incident Report - Form

1. General Information	
Date of Incident:	Time: _ a.m. _ p.m.
Name:	Job Title:
Shift:	Department or Center:
Location of Incident: ___ Parking Lot Masonry Center ___Reception/Sales ___Plant ___ Other (specify)	
Type of Assault: _ Verbal _ Threat _ Pushed _ Scratched _ Bitten _ Struck _ Kicked _ Other (Please describe)	
Police Called: ___ Yes ___No	Advised of Right to Consult a Doctor? ___ Yes ___No
Medical Attention First Obtained? ___ Yes ___No	WCB Forms Completed? ___ Yes ___No
Investigation Conducted? ___ Yes ___No	Report Filed With Center/Dept. Manager? ___ Yes ___No
Action Taken:	
2. Information About the Suspect and Vehicle	
___ Customer ___Employee Ex-employee ___Delivery Person ___ Other (specify)	
Vehicle Information: License No: Make: Color: Markings:	
Description of Suspect: (Clothes, height, color, marks, etc.,)	
3. Other information	
Was the suspect involved in previous violent incidents? Yes ___No	
Are measures in place to prevent a recurrence? ___Yes No	
Please provide any other information that you think is relevant:	
Dept. Manager's Signature	General Manager's Signature
Date:	Date: