WAYNE COUNTY
WORKPLACE VIOLENCE/PROHIBITED
CONDUCT INCIDENT REPORT FORM

This form is to be completed by a supervisor investigating the incident. Return completed form within 2 days following notification of a threatening incident or prohibited conduct to the Department Director and Director of Personnel/Human Resources (P/HR). If available, attach witness statements and/or police report to this form.

<table>
<thead>
<tr>
<th>Report submitted by:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title &amp; Department of Supervisor:</td>
<td>Phone/email:</td>
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<table>
<thead>
<tr>
<th>Date of Incident:</th>
<th>Time of Incident:</th>
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<tbody>
<tr>
<td>Address/Location of Incident:</td>
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**Individuals Involved in the Incident: (use additional sheet(s) if necessary)**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Name:</th>
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</thead>
<tbody>
<tr>
<td>□ Victim or □ Assailant/Perpetrator or □ Unknown</td>
<td>□ Victim or □ Assailant/Perpetrator or □ Unknown</td>
</tr>
<tr>
<td>Job title:</td>
<td>Job title:</td>
</tr>
<tr>
<td>Dept/Division:</td>
<td>Dept/Division:</td>
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<tr>
<td>Phone/email:</td>
<td>Phone/email:</td>
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<tr>
<td>Immediate Supervisor:</td>
<td>Immediate Supervisor:</td>
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</tbody>
</table>

**Assailant/Perpetrator Relationship to Victim, if known:**

| □ co-worker | □ supervisor/management |
| □ client/customer/visitor | □ spouse/partner |
| □ other | □ unknown |

**Possible Reason for Incident: (If known, check all that apply)**

| □ Conflict with co-worker(s)/former co-worker | □ Receiving corrective action |
| □ Conflict with management | □ Other (specify) |
**Nature of Incident:**

Describe the nature or type of incident/prohibited conduct (i.e. physical injury/assault; verbal abuse/harassment; threatening behavior; verbal/written threat; sexual harassment, damage to property, etc):

Describe with specificity the incident/event: (use additional sheet(s) if necessary)

Describe any potential warning signs observed:

Did the incident involve a weapon? If so, describe weapon:

What events occurred immediately prior to the incident/event:

What happened immediately after the incident/event:

Any prior history of violence with any individual involved? If yes, please explain:
Injury to Person/Damage to Property

Was anyone injured? ☐ Yes ☐ No
Name(s) of injured person(s):

Was any property damaged? ☐ Yes ☐ No
Please specify what was damaged and extent of damage:

Please specify injury(ies):

Was medical care required? ☐ Yes ☐ No
If Yes, Explain:

Initial Response or Follow up Activity: (Check all that apply)

☐ Situation defused
☐ Union Contacted
☐ Security called
☐ Employee Assistance Program referral.
Who referred?________________________

☐ Other (specify)

Law Enforcement Involvement:

Was law enforcement notified? ☐ Yes ☐ No
If yes, name of local law enforcement agency:
Was anyone arrested? ☐ Yes ☐ No
If yes, name(s) of persons arrested:
What, if any action taken by law enforcement:

Complaint No.:________________________

Disposition of Assailant/Perpetrator:

☐ stayed on premises ☐ escorted off premises ☐ left premises on own ☐ other, please specify:
Supervisory Staff involvement:

Name(s) of supervisory staff involved:

How did supervisor(s) respond:

List Name(s) of Witnesses: (Use additional sheet(s) if necessary)

Name: Phone #:

Name: Phone #:

Attach Witness Statements to this form

Supervisor’s Comments:

Signature of Supervisor: Date:

Date Submitted to Dept Director and P/HR:

Please attach and send any other relevant documents to this report.
Please amend report upon discovery of new facts/information and forward amended report to Dept Director and P/HR Director.