

Novato Unified School District Workplace Violence Reporting Form

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):

☐ Intimidation or harassment ☐ Conditional threat (If-Then) ☐ Direct threat (I will...) ☐ Act of violence with property damage

☐ Act of violence with injury ☐ Written threat (email)

☐ 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):

Type of Violence:

Type 1: Committed by a person who has no legitimate purpose at the worksite.

Type 2: Committed by a person who does have a legitimate purpose at the worksite) customer, client, student, or visitor).

Type 3: Committed by a present or former employee, supervisor, or manager.

Type 4: Committed by a person who does not work at the workplace but has or is known to have had a relationship with an employee.

Circumstances at the time of the incident, including but not limited to the following:

Was the employee completing usual job duties?	Yes	No
Was the area poorly lit?	Yes	No
Was the work bring "rushed"?	Yes	No
Was the employee working during a low staffing level?	Yes	No
Was the employee isolated or alone?	Yes	No
Was the employee able to get help/assistance?	Yes	No
Was the employee in a community setting?	Yes	No
Was the employee working in a new or unfamiliar location?	Yes	No

Other: Please explain _____

Classification of where the incident occurred:

At the workplace, indoors (please include building name and or room)

At the workplace, outdoors

Other: Please explain _____

Type of incident (including but not limited to):

- ☐ Physical attack – no weapon/ object.
- ☐ Physical attack – with a weapon/ object.
- ☐ Threat of physical force or threat of use of a weapon/object.
- ☐ Sexual assault/threat (including rape, attempted rape, physical display, or unwanted verbal/ physical contact).
- ☐ Other (please specify): _____

ASSOCIATED INDIVIDUALS (CHECK ALL THAT APPLY):

<input type="checkbox"/> Witness	<input type="checkbox"/> Injured Name: _____	Department: _____
<input type="checkbox"/> Witness	<input type="checkbox"/> Injured Name: _____	Department: _____
<input type="checkbox"/> Witness	<input type="checkbox"/> Injured Name: _____	Department: _____
<input type="checkbox"/> Witness	<input type="checkbox"/> Injured Name: _____	Department: _____

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 Action Required		

Full Name		
ATO Action Required	ATO Start Date	ATO End Date

Reason for Administrative Time Off (ATO):

Management Unit Recommendation for Remedy:

POST-INCIDENT ACTIONS

File Status

☐ Active

☐ Closed

☐ Investigation

Date Closed

Investigated by

Remedy

Date Opened

Date Completed