**Village of Homer Workplace Violence Incident Report**

Name of Individual Completing Report: Job Title: (if applicable) Department: (if applicable) Today’s Date:

Date of Incident:

Time of Incident:

Name of

victim(s):

Job title (if applicable) or other identifier

Name of alleged perpetrator(s):

Job title (if applicable) or other identifier

Witness(es):

Job title (if applicable) or other identifier

Address/location where incident took place:

How was the threat made?

 In person

 On Village of Homer property

 At home

 Telephone

 Written

 Other

Describe the incident (attach police report if appropriate)

Nature and extent of injuries arising from the incident

Has this happened before? (If so, give details)

Is there a catalyst?

What was the immediate action taken?

History of the person making the threat?

Is the Village of Homer about to take an action which may exacerbate the situation?

**Special Information**:

If a case is a “privacy concern case” as defined below, the name of the victim shall be removed from reports provided to Workplace Violence Committee for its annual review.

1.) An injury or illness to an intimate body part or the reproductive system; 2.) An injury or illness resulting from a sexual assault;

3.) Mental illness;

4.) HIV infection

5.) Needle stick injuries and cuts from sharp objects that are or may be contaminated with another person’s blood or other potentially infectious material; and

6.) Other injuries or illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the Report.

As indicated in reason #6, you may **request** your name be removed from the reports. Please check either “Yes” or “No” and initial.

 Yes. I voluntarily request that my name be removed from the Workplace Violence

Initial annual review reports

 Initial

No.

I request that my name be used on the Workplace Violence annual reports.

Police Notified:

Department Name of Officer

Date Time Who was notified?

Other actions taken:

Rev: 08/29/19