

COCHISE COUNTY WORKPLACE VIOLENCE REPORT FORM

Incident date: _____

Incident time: _____ am / pm

Victim name: _____

Job title: _____

Work phone: _____

Home phone: _____

Department: _____

Location: _____

Type of Incident (circle all that apply): Violence Threat Robbery Harassment Disorderly Conduct Sex Offense

Were you injured? No ____ Yes ____ describe injuries: _____

ASSAILANT / PERPETRATOR

(Circle one): Intruder Public Client Visitor Co-Worker Former Employee Supervisor Family/Friend

Name/address/age (if known): _____

Physical description: _____

Did incident involve a weapon? No ____ Yes ____ Type _____

Brief description of the incident: _____

Were you alone when the incident occurred? No ____ Yes ____

(Circle one): Were you (singled out) or was the threat/violence directed at (more than one person)?

Witness name(s): _____

NOTIFICATIONS

Was 9-1-1 called? No ____ Yes ____ time called: _____ am / pm

Did Emergency Medical Services respond? No ____ Yes ____ Name of agency: _____

Did Law Enforcement respond? No ____ Yes ____ Name of agency: _____

Was a police report completed? No ____ Yes ____ Report number: _____

Name of supervisor notified _____ Time: _____ am / pm

Human Resources employee notified (name): _____ Time: _____ am / pm