

2589.17 Workplace Violence Incident Report Form

San Joaquin County requires the supervisor of the alleged victim complete this form when a violent act or threat of violence occurs in the workplace as outlined in the Workplace Violence Prevention Policy.

Send completed form to Human Resources, Risk Management Office, 44 N. San Joaquin Street, Suite 330, or fax: 953-7330. (Form must be received with 24 hours via fax or email.)
SJCRISKMGMT@sjgov.org or fax)

Date of Incident:

Time:

Date reported:

Location of Incident:

Description of Incident or Threat (use additional paper if necessary):

Name of Perpetrator (if known):

Perpetrator's Relationship to County (if known):

Weapons Involved: Yes No If yes, specify:

Name of Victim:

Department:

Phone:

Injuries: Yes No

If Yes, specify:

Witness(es) Include witness written statement:

Department:

Phone:

Law Enforcement Notified: Yes No

If Yes, Name of Agency and Report Number:

Property Damage: Yes No If Yes, specify:

Corrective Action(s) Taken: (Use additional paper if necessary)

Recommended Corrective Action(s) (use additional paper if necessary):

Provided Employee Assistance Program Information: Yes No

Department Representative who completed this form:

Phone:

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