

**SARASOTA COUNTY GOVERNMENT
WORKPLACE THREAT & VIOLENCE INCIDENT REPORT FORM**

This form is to be used to document and report all acts of workplace violence including physical and verbal threats. After completing this form, FAX to: (941) 861-5824, Human Resources Office, Special Attention: Threat & Violence Assessment/Response Team...Do not include any medical information on this form.

1. VICTIMS NAME: _____ JOB TITLE: _____

2. VICTIMS ADDRESS: _____

3. HOME PHONE NUMBER: _____ WORK PHONE NUMBER: _____

4. COUNTY EMPLOYEE: Yes _____ (i.e., ATU _____ IAFF _____ Teamsters _____) No _____

5. BUSINESS CENTER/SECTION: _____

6. INCIDENT DATE: _____ INCIDENT TIME: _____

7. INCIDENT LOCATION: _____

9. WORK LOCATION (If different): _____

10. TYPE OF INCIDENT: (CIRCLE ONE): Assault, Criminal Mischief, Disorderly/Disruptive Conduct, Harassment, Menacing, Reckless Endangerment,

Sex Offense, Other. (Please Specify): _____

(See attached – DEFINITION OF INCIDENTS WORKSHEET)

11. WERE YOU INJURED? (circle): YES _____ NO _____

IF YES, PLEASE SPECIFY YOUR INJURIES AND THE LOCATION OF ANY TREATMENT:

12. DID POLICE/SHERIFF RESPOND TO INCIDENT? Yes _____ No _____

13. WHICH POLICE DEPARTMENT? _____

14. POLICE/SHERIFF REPORT FILED: Yes _____ No _____ Report Number: _____

15. WAS THE IMMEDIATE SUPERVISOR NOTIFIED? Yes _____ No _____

16. SUPERVISOR'S NAME/JOB TITLE: _____

17. LOCAL BARGAINING UNIT REPRESENTATIVE NOTIFIED: Yes _____ No _____

Who? _____

18. DESCRIBE ANY ACTION TAKEN BY COUNTY: (specify) _____

19. ASSAILANT/PERPETRATOR PRINT NAME , IF KNOWN & CIRCLE ONE OF THE FOLLOWING:
 Intruder, Customer, Resident, Client, Visitor, Co-Worker, Former Employee, Supervisor, Family Member/Friend,
 Other (specify): _____
20. ASSAILANT/PERPETRATOR – ADDRESS/AGE (if known): _____

21. PLEASE BRIEFLY DESCRIBE THE INCIDENT: _____

22. INCIDENT DISPOSITION (Circle all that apply): No action taken, Arrest, Warning/Counseling, Suspension, Reprimand,
 EAP Referral, Other: _____
23. DID THE INCIDENT INVOLVE A WEAPON? Yes _____ No _____ Specify _____

24. WHERE ANY WORK DAYS LOST? Yes _____ No _____ Specify: _____
25. WAS THE VICTIM SINGLED OUT OR WAS THE VIOLENCE DIRECTED AT MORE THAN ONE INDIVIDUAL?

26. WAS THE VICTIM ALONE WHEN THE INCIDENT OCCURRED? Yes _____ No _____
27. DID VICTIM HAVE ANY REASON TO BELIEVE THAT AN INCIDENT MIGHT OCCUR? Yes _____ No _____
 Explain: _____
28. HAVE THIS TYPE OR SIMILAR INCIDENT(S) HAPPENED TO THE VICTIM OR YOUR CO-WORKERS IN THE PAST YEAR?
 YES _____ NO _____ SPECIFY: _____
29. HAS Victim HAD ANY COUNSELING OR SUPPORT SINCE THE INCIDENT? YES _____ NO _____
 EXPLAIN: _____
30. WHAT DO YOU FEEL CAN BE DONE IN THE FUTURE TO AVOID SUCH AN INCIDENT? _____

31. WAS THIS ASSAILANT INVOLVED IN PREVIOUS INCIDENTS? Yes _____ No _____
 Explain: _____
32. ARE THERE ANY MEASURES IN PLACE TO PREVENT SIMILAR INCIDENTS? Yes _____ No _____
 Specify: _____
33. HAS CORRECTIVE ACTION BEEN TAKEN? YES _____ NO _____
 SPECIFY: _____
34. COMMENTS: _____

Supervisor Signature: _____ Date _____