

**TIOGA COUNTY
WORKPLACE VIOLENCE INCIDENT REPORT (FORM 1)**

This form is to be used to document any reportable workplace violence incident. This form is to be completed and forwarded to the Safety Officer within the timeframe outlined in Section VII of the Workplace Violence Prevention Policy.

Today's Date _____
Date of Incident _____
Time of Incident _____
Case Number _____

Employee Name _____
Title _____
Workplace Location _____

Name/Title of Individual Completing this Report _____
Date Report Received by County Attorney _____
County Attorney Name/Signature _____

(DSS ONLY: Attach a WMS or CSMS inquiry screen, if available)

Check the Type of Violence the victim experienced (Levels I, II or III):

Level I Violence:

<input type="checkbox"/> Intimidation	<input type="checkbox"/> Bullying	<input type="checkbox"/> Verbal abuse
<input type="checkbox"/> Minimal Harassment	<input type="checkbox"/> Shouting	<input type="checkbox"/> Swearing
<input type="checkbox"/> Obscene gestures	<input type="checkbox"/> False statements	<input type="checkbox"/> Other

Level II Violence:

<input type="checkbox"/> Psychological trauma	<input type="checkbox"/> Swore at directly	<input type="checkbox"/> Obscene calls
<input type="checkbox"/> Threats of assault	<input type="checkbox"/> Shouted at directly	<input type="checkbox"/> Suicide threat
<input type="checkbox"/> Advanced harassment	<input type="checkbox"/> Being followed/stalked	<input type="checkbox"/> Other

Level III Violence:

<input type="checkbox"/> Shooting	<input type="checkbox"/> Stabbing	<input type="checkbox"/> Grabbing
<input type="checkbox"/> Striking with an object	<input type="checkbox"/> Throwing objects	<input type="checkbox"/> Pushing
<input type="checkbox"/> Sexual assault	<input type="checkbox"/> Homicide	<input type="checkbox"/> Other

Detailed Incident Description (Including what happened immediately prior to the incident and how the incident ended):

Names and job titles of involved employees:

Names or identifiers of individuals involved (non-employee):

Extent of injuries, if any:

Name(s)/Title(s)/Phone Numbers of Any Potential Witness(es):

What was the immediate action taken?

Police Notified?: _____ YES _____ NO

Police Department _____

Name of Officer _____

Date _____ Time _____

Police Report Number (If applicable) _____

Did you lose any work days? ☐ YES ☐ NO If so, how many? _____

Have you received counseling since this incident? ☐ YES ☐ NO

Did you have any reason to believe that this incident might occur?

☐ YES ☐ NO

Has Tioga County taken measures to avert this incident from occurring in the future, that you are aware of? If so, describe the actions Tioga County has or is in the process of taking to mitigate future incidents (list time table for correction, interim protective measures and any global prevention enhancements for similar worksites which are apparent:

Signature

Date