

## VIOLENT INCIDENT REPORT FORM

### **Instructions for Completion:**

*This form must be used for every workplace violence incident that occurs in our workplace. At a minimum, it will include the information required by Labor Code section 6401.9(d). After completing the form, add it to the Workplace Violence Log.*

*Please send the completed form to [hr@pavir.org](mailto:hr@pavir.org).*

*The information that is recorded should be based on:*

- *Information provided by the employees who experienced the incident of violence.*
- *Witness statements.*
- *All other investigation findings.*

*Do not include any information that personally identifies the individual(s) involved in the final report, such as:*

- *Names*
- *Telephone numbers*
- *Addresses – physical and electronic*
- *Social security number*

**Date of Incident:** \_\_\_\_\_

**Time of Incident:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_

*[Be as specific as possible – note where in the incident occurred.]*

### **Workplace Violence Type:**

- Type 1 violence**  
*Workplace violence committed by a person who has no legitimate business at the worksite, including violent acts by anyone who enters the workplace or approaches employees with the intent to commit a crime.*
- Type 2 violence**  
*Workplace violence directed at employees by customers, clients, vendors, or visitors.*

- **Type 3 violence**  
*Workplace violence against an employee by a present or former employee.*
- **Type 4 violence**  
*Workplace violence committed in the workplace by a person who does not work for PAVIR but has or previously had a personal relationship with an employee*

Incident Type:

- Physical attack without a weapon, including, but not limited to, biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting.
- Attack with a weapon or object, including, but not limited to, a firearm, knife, or other object.
- Threat of physical force or threat of the use of a weapon or other object.
- Sexual assault or threat, including, but not limited to, rape, attempted rape, physical display, or unwanted verbal or physical sexual contact.
- Animal attack.
- Other.

**Describe incident:**

Workplace violence committed by:

*[For confidentiality, the final Report should only include the classification of who committed the violence, including whether the perpetrator was a client or customer, family or friend of a client or customer, stranger with criminal intent, coworker, supervisor or manager, partner or spouse, parent or relative, or other perpetrator.]*

Circumstances at the time of the incident:

*[Include what was happening at the time of the incident, including, but not limited to whether the employee was completing usual job duties, working in poorly lit areas, rushed, working during a low staffing level, isolated or alone, unable to get help or assistance, working in a community setting, or working in an unfamiliar or new location.]*

**Consequences of the incident:**

Was security or law enforcement contacted? Yes or no. What was their response?

Describe actions taken to protect employees from a continuing threat or from any other hazards identified as a result of the incident.

Were there any injuries? Yes or no. If yes, please explain:

Were emergency medical responders other than law enforcement contacted, such as the Fire Department, Paramedics, On-site First-aid certified personnel? Yes or No. If yes, explain below:

Did the severity of the injuries require reporting to Cal/OSHA? If yes, document the date and time this was done, along with the name of the Cal/OSHA representative contacted.

If PAVIR did not employ the victim and/or the perpetrator, a copy of this violent incident log needs to be provided to the employer. Indicate when it was provided and to whom.

**This Violent Incident Report was completed by:**

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Title/Role: \_\_\_\_\_

Date: \_\_\_\_\_