

Workplace Violence Incident Log

Section 1: Information About the Individual Completing This Log

Name: _____

Job Title: _____

Date Completed: _____

Section 2: Information About the Incident

Date of Incident: _____

Time of Incident: _____ A.M. /P.M.

Location(s) of Incident: _____

Classify the nature of the location (e.g., workplace, parking lot, area outside of workplace, or other area):

Workplace Violence Type (Check one box):

- ☐ Type 1 – Violence committed by a person who has no legitimate business at the workplace.
- ☐ Type 2 – Violence committed by a customer, client, patient, student, inmate or visitor.
- ☐ Type 3 – Violence committed by a present or former employee, supervisor or manager.
- ☐ Type 4 – Violence committed by a nonworker with a personal relationship with the employee.

Classify the type of person committing the violence (e.g., customer/client or their family member, coworker, spouse, parent or other family member or stranger with criminal intent):

Type of Incident (Check all boxes that apply):

- ☐ Physical attack without a weapon (e.g., punching, kicking, spitting, biting, choking, grabbing or pushing).
- ☐ Attack with a weapon or other object (e.g., firearm or knife).
- ☐ Threat of physical force or use of weapon or other object.
- ☐ Sexual assault or threat of sexual assault (e.g., rape, attempted rape, physical display, or unwanted verbal or physical sexual contact).
- ☐ Animal attack.
- ☐ Other: _____

Explain: Provide a detailed description of the incident and any additional information on the violence incident type and what it included. (Use additional paper if needed):

Circumstances at the time of the incident (Explain and Check all boxes that apply):

- ☐ Employee was completing usual job duties.
☐ Employee was working in poorly lit area(s).
☐ Employee was rushed.
☐ Employee was working during a low staffing level.
☐ Employee was isolated or alone.
☐ Employee was unable to get help or assistance.
☐ Employee was working in a community setting.
☐ Employee was working in an unfamiliar or new location.
☐ Other: _____

Consequences of the incident, including but not limited to:

- Whether security or law enforcement was contacted and their response.
- Actions taken to protect employees from a continuing threat or from any other hazards identified as a result of the incident.

Describe and include information on what the consequences of the incident were:

Were there any injuries? ☐ Yes or ☐ No

Explain: Indicate and describe any injuries.

Were emergency medical responders other than law enforcement contacted, such as a 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.

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 log was completed by:

Name of person completing this log:	Job title:
Signature:	Date of completion: