



Employee Violence Incident Report

Instructions:

The employee must complete this form with as much detail as possible to support an investigation. The report must be forwarded to the Office of Assistant Superintendent of Human Resources via email at workplaceviolenceincident@maderausd.org or by dropping it off in person at the District Office – Attention to the **Office of the Assistant Superintendent of Human Resources**.

Employee Information	
Reporting Employee:	
Affected Employee (s):	
Affected Employee(s) Job Title(s):	
Phone Number:	
Email Address:	

Incident Information	
Date incident occurred:	
Time incident occurred:	
Specific address and detailed description of where the incident occurred (i.e. empty hallway, warehouse bathroom):	

Definitions of Violent Incident Types

- Type I violence: workplace violence committed by a person who has no legitimate business at the worksite and includes violent acts by anyone who enters the workplace or approaches workers with the intent to commit a crime.
- Type II violence: workplace violence directed at employees by students, parents/guardians, or visitors.
- Type III violence: workplace violence against an employee by a present or former employee, supervisor, or manager.
- Type IV violence: workplace violence committed in the workplace by a person who does not work there but has or is known to have had a personal relationship with an employee.

Checklist of Questions to Answer After a Violent Incident

1. Which type of person threatened or assaulted the employee(s)?

Type I: ☐ Stranger ☐ Thief/Suspect ☐ Other _____

Type II: ☐ Student ☐ Parent/Guardian ☐ Visitor

Type III: ☐ Current Co-worker ☐ Former Co-worker ☐ Supervisor/ Manager/Administrator
☐ Vendor/Contractor

Type IV: ☐ Current Spouse or Partner ☐ Former Spouse or Partner ☐ Employee's Friend
☐ Employee's Relative ☐ Family/friend of student or parent

2. What type of violent incident occurred (check all that apply)?

☐ Verbally harassed ☐ Verbally Threatened ☐ Physically Assaulted ☐ Punched

☐ Slapped ☐ Grabbed ☐ Pushed ☐ Choked ☐ Kicked ☐ Bitten

☐ Hit with Object ☐ Threatened with Weapon ☐ Assaulted with Weapon ☐ Animal Attack

☐ Other (Describe): _____

3. Was a weapon used? ☐ Yes ☐ No

Describe the incident:

4. Was/were the employee(s) working alone? ☐ Yes ☐ No

If not, who was/were with the employee(s) who may have witnessed the incident? Provide name and job title.

5. Were there threats made before the incident occurred? ☐ Yes ☐ No

If yes, was it ever reported to the employee's supervisor or manager that the employee(s) was/were threatened, harassed, or was/were suspicious that the attacker may become violent?

6. Are you willing to testify against the respondent/perpetrator in Court to obtain a restraining order? ☐ Yes ☐ No

Reporter Information	
Report Completed By:	
Department/Job Title:	
Date:	
Email:	
Phone Number:	