

Workplace Violence Incident Checklist

Reporting Employee Name

Name(s) of Involved Employee(s)

Reporting Employee's Supervisor Name

Facility/Unit

Date of Incident

Approximate Time of Incident

Name(s) of Witness(es)

Description of incident (provide a summary of the incident and attach any reports and supporting documentation):

Incident Type (check the appropriate description):

- Act of Violence — any act where there is reasonable potential for the infliction of physical or emotional harm or trauma.
- Direct Threat — identifies a specific act against a specific target and is delivered in a straightforward, clear, and explicit manner.
- Indirect Threat — tends to be vague, unclear, and ambiguous. The plan, the intended victim, the motivation, and other aspects of the threat are masked or equivocal.
- Conditional Threat — warns that a violent act will occur unless demands or terms are met.
- Veiled Threat — strongly implies but does not explicitly threaten violence; it clearly hints at a possible violent act but leaves it to the potential victim to interpret the message and give a definite meaning to the threat.
- Other (please explain):

Facility/Unit/Division Head Response	Date
Ensure safety of workplace and employees/visitors/vendors.	
Issue Cease and Desist orders as applicable.	
Utilize the "Workplace Violence Assessment Guidelines (RE-VIEW)" to determine if incident is a workplace violence incident. If not a workplace violence incident, see OP-110214 for instructions.	
IF INCIDENT IS DETERMINED TO BE WORKPLACE VIOLENCE:	
1. Notify the appropriate chief administrator/administrator/chief.	
2. Initiate immediate responses (check all that apply):	
<input type="checkbox"/> Issuance of discipline	
<input type="checkbox"/> Employee relocation	
<input type="checkbox"/> Added security measures	
<input type="checkbox"/> Request a psychological examination	
<input type="checkbox"/> Remove employee from workplace, if applicable.	
3. Referral of all involved parties to EAP.	
4. Solicit assistance from local law enforcement as needed.	
5. Placement of employee on paid administrative leave (maximum 32 hours in 12 months).	
6. Provide written notification to targets or intended targets.	
7. Notify other employees who remain at risk of continued potential danger and steps being taken to guard against risk of harm.	
8. Suspend law enforcement duties and peace officer commission of any employee under investigation.	
9. Provide a copy of Attachment A to the appropriate chief administrator/administrator/chief and the administrator of Human Resources.	
10. Did the appropriate chief administrator/administrator/chief refer incident to ERRU for discrimination, retaliation, harassment, or other Title VII Civil Rights of 1964 violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Did appropriate chief administrator/administrator/chief refer incident to the inspector general? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Is discipline under consideration? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify type of discipline:	
13. Was discipline taken? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify type of discipline:	
14. Assessment and response team activated; assessment conducted.	

Facility/Unit/Division Head Response	Date
15. Follow up assessment completed and a written report of findings provided to the appropriate chief administrator/administrator/chief and administrator of Human Resources.	
16. "Workplace Violence Incident Checklist (RE-VIEW)" and all incident reports are to be forwarded by the facility/unit/division head to the administrator of Human Resources within two weeks of the incident.	

Facility/Unit/Division Head Signature

Date

(R 08/23)