



**Policy 22-110 Preventing Workplace Violence**

**WORKPLACE ACTS OR THREATENED ACTS OF VIOLENCE REPORT**

DBHDD will not tolerate acts or threatened acts of violence in the workplace. All acts or threatened acts of violence that are received (by victim or potential victim), observed or of which employees are informed must be reported immediately. This includes anonymous reports.

\_\_\_\_\_  
Name of Person Making Report Telephone Number

If anonymous, indicate method of notification:

Telephone call       Written document       Other; specify \_\_\_\_\_

\_\_\_\_\_  
Name/Location of the affected DBHDD Organizational Unit

Name of Alleged Threat Maker/Perpetrator: \_\_\_\_\_

Relationship to the Department:

Employee       Customer       Vendor       Other; specify \_\_\_\_\_

Relationship to Victim/Potential Victim: \_\_\_\_\_

Name of Victim/Potential Victim: \_\_\_\_\_

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*Additional information or documents may be attached if necessary*

When (date) and where (physical location) did alleged threat or act of violence occur?

\_\_\_\_\_  
\_\_\_\_\_

What events occurred immediately prior to the incident? \_\_\_\_\_

\_\_\_\_\_

What was the specific language of the alleged threat? \_\_\_\_\_

\_\_\_\_\_

Provide specific details of the alleged threat or act of violence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**WORKPLACE ACTS OR THREATENED ACTS OF VIOLENCE REPORT (continued)**

Describe the conduct and appearance of the Threat Maker/Perpetrator (physically and emotionally):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of Witnesses:

Telephone Numbers:

\_\_\_\_\_  
\_\_\_\_\_

What happened to the Threat Maker/Perpetrator after the incident? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Names of supervisory staff involved and how they responded: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Steps that have been taken to ensure that the threat will not be carried out or act of violence repeated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was local Law Enforcement notified?  Yes  No

If yes, what action was taken by Law Enforcement?

No action taken  Report written  Suspect escorted from property  Suspect arrested

Name of local Law Enforcement Agency: \_\_\_\_\_

If no, why not? \_\_\_\_\_

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Suggestions for preventing a similar incident in the future: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Report Prepared by: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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*This completed form must be sent to Human Resources immediately.*