



# Workplace Violence Prevention Plan - Violent Incident Log

The information that is recorded in this log will be based on information provided by the employees who experienced the incident of violence, witness statements, all other investigation findings.

All information that personally identifies the individual(s) involved will be omitted from this log, such as names, addresses (physical and electronic), telephone numbers, and social security number.

Date of Report	Date of Incident	Time of Incident	Employee Completing Log	
		am/pm	Name:	Title:
<b>Workplace Violence Type (Select One)</b>				
<input type="checkbox"/> <b>Type 1 Violence:</b> Workplace Violence committed by a person who has no legitimate business at the worksite (includes violent acts by anyone who enters the workplace or approaches workers with the intent to commit a crime). <input type="checkbox"/> <b>Type 2 Violence:</b> Workplace Violence directed at employees by customers, clients, patients, students, inmates, or visitors.		<input type="checkbox"/> <b>Type 3 Violence:</b> Workplace Violence against an employee by a present or former employee, supervisor, or manager. <input type="checkbox"/> <b>Type 4 Violence:</b> 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.		
Incident Location	Perpetrator Classification (Select One)		Type of Incident (All that Apply)	
<input type="checkbox"/> Office <input type="checkbox"/> Parking Lot <input type="checkbox"/> Offsite/Outside Workplace <input type="checkbox"/> Breakroom <input type="checkbox"/> Restroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other: _____	<input type="checkbox"/> Client/Customer <input type="checkbox"/> Family/Friend of a client/customer <input type="checkbox"/> Stranger with criminal intent <input type="checkbox"/> Coworker <input type="checkbox"/> Supervisor/Manager <input type="checkbox"/> Partner/Spouse <input type="checkbox"/> Parent/Relative <input type="checkbox"/> Other: _____		<input type="checkbox"/> Physical attack without a weapon, e.g., biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, spitting. <input type="checkbox"/> Attack with a weapon/object, e.g., firearm, knife, other object. <input type="checkbox"/> Threat of physical force/threat of the use of a weapon/other object. <input type="checkbox"/> Sexual assault/threat. e.g., rape,	

		attempted rape, physical display, unwanted verbal/physical sexual contact. <input type="checkbox"/> Animal Attack. <input type="checkbox"/> Other: -----	
<b>Circumstances at the Time of Incident (All that Apply)</b>			
<input type="checkbox"/> Employee was completing usual job duties. <input type="checkbox"/> Employee was working in poorly lit areas. <input type="checkbox"/> Employee was rushed. <input type="checkbox"/> Employee was working during a low staffing level.		<input type="checkbox"/> Employee was isolated or alone. <input type="checkbox"/> Employee was unable to get help or assistance. <input type="checkbox"/> Employee was working in a community setting. <input type="checkbox"/> Employee was working in an unfamiliar or new location.	
<b>Authorities Contacted</b>	<b>If law enforcement, security, or fire/medical personnel were contacted, please detail their response (attach additional pages if needed)</b>		
<input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire/Medical <input type="checkbox"/> Security <input type="checkbox"/> Other: -----			
<b>Form Provided to City of San Rafael (Employer)</b>			
	Date:	Name:	Title:
<b>Cal/OSHA Report Required?</b>	<b>Cal/OSHA Representative Reporting</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Name:	Title:

