

# Workplace Violence Incident Report Form

Riverside County Safety Loss Control Division



The Workplace Violence Incident Report Form ("Form 2010-1") is used to record incidents of "Workplace Violence." Information recorded in the Form should be based on information solicited from the employees who experienced an incident of Workplace Violence, the employees who witnessed an incident of Workplace Violence, and/or on the findings from an investigation into an incident of Workplace Violence. Once this form is completed please email it to [SafetyDivision@Rivco.org](mailto:SafetyDivision@Rivco.org) and/or [HRInvestigationsUnit@rivco.org](mailto:HRInvestigationsUnit@rivco.org) as soon as possible.

Date of Report	Date of Incident	Time of Incident	Employee Completing Report	
		am/pm	Name:	Title:
Location Address		Department Name		
Name of Individual Threatening County employee:			Is this Individual a County employee:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incident Location	Workplace Violence Type (Select One)			
<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"/> <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.	
Type of Incident (All that Apply)	Perpetrator Classification (select One)	Circumstances at Time of Incident (All that Apply)		
<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"/> Verbal Threat. <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"/> 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.		
Detailed Description of Incident (Including description of location and circumstances surrounding Workplace Violence incident)				
Authorities Contacted	If law enforcement/security was contacted, please detail their response (Provide incident report number, if applicable):			
<input type="checkbox"/> Law Enforcement <input type="checkbox"/> Security <input type="checkbox"/> Other: _____				

Employee Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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