

WORKPLACE ACTS OR THREATENED ACTS OF VIOLENCE REPORT

DHS 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 DHS 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: _____

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: _____

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

WORKPLACE ACTS OR THREATENED ACTS OF VIOLENCE REPORT (continued)

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? _____

Suggestions for preventing a similar incident in the future: _____

Report Prepared by: _____ Date: _____

Job Title: _____ Telephone Number: _____

*This completed form must be sent to the OHRMD immediately.
FAX: 404/463-0920*