

Date received: _____

Initials: _____

CITY OF OAKLAND

EMPLOYEE INCIDENT INTAKE REPORT

To be completed by the department individual investigating the incident. Return completed form as soon as possible following incident to the Human Resources Management - Risk Manager. Attach victim/witness statements to this form.

Report submitted by:		Date:
Dept/Division:	Title:	Telephone:

Date of Incident:	Time:
Address/Location of Incident:	

Individuals involved in the incident (use additional sheet(s) if necessary):

Name:	Name:
<input type="checkbox"/> Victim or <input type="checkbox"/> Assailant	<input type="checkbox"/> Victim or <input type="checkbox"/> Assailant
Title:	Title:
Division:	Division:
Phone:	Phone:
Immediate Supervisor:	Immediate Supervisor:

Assailant Relationship to Employee

<input type="checkbox"/> Co-worker	<input type="checkbox"/> Customer/Client
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Friend/Acquaintance
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Public/Stranger
<input type="checkbox"/> Spouse/Family Member	<input type="checkbox"/> Other

Reason for Incident: (If known, check all that apply):

<input type="checkbox"/> Conflict with co-worker(s)/former co-worker	<input type="checkbox"/> Alcohol/drugs in the workplace
<input type="checkbox"/> Conflict with supervisor	<input type="checkbox"/> Mental health problems
<input type="checkbox"/> Family/domestic dispute	<input type="checkbox"/> Reduction in force
<input type="checkbox"/> Receiving a poor performance appraisal	<input type="checkbox"/> Demotion
<input type="checkbox"/> Receiving disciplinary action	<input type="checkbox"/> Dismissal
<input type="checkbox"/> Racial tension	<input type="checkbox"/> Resisting Arrest
<input type="checkbox"/> Other (specify)	

Type of Incident (Check one or more)

Threat

<input type="checkbox"/> Communicated directly to victim	<input type="checkbox"/> Verbal	<input type="checkbox"/> Mail	<input type="checkbox"/> Note	<input type="checkbox"/> Email
<input type="checkbox"/> Communicated to another person	<input type="checkbox"/> Verbal	<input type="checkbox"/> Mail	<input type="checkbox"/> Note	<input type="checkbox"/> Email
<input type="checkbox"/> Other (specify)				

Intimidation

<input type="checkbox"/> Stalking
<input type="checkbox"/> Engaging in actions intended to frighten, coerce, or induce duress
<input type="checkbox"/> Other (specify)

Physical Attack

<input type="checkbox"/> Hitting, fighting, pushing, or shoving
<input type="checkbox"/> Use of object as weapon (specify)
<input type="checkbox"/> Use of weapon such as gun, knife, etc. (specify)
<input type="checkbox"/> Other (specify)

Check if victim sustained physical or traumatic/emotional injury in any of the following categories:

<input type="checkbox"/> Physical injury	<input type="checkbox"/> Trauma/Emotional injury
<input type="checkbox"/> Medical care required	<input type="checkbox"/> Death

Initial Response: (Check all that apply)

<input type="checkbox"/> Situation defused	<input type="checkbox"/> Emergency Medical Services notified
<input type="checkbox"/> Security called	<input type="checkbox"/> Supervisor notified
<input type="checkbox"/> Threat Assessor notified	<input type="checkbox"/> Employee Assistance Program referral
<input type="checkbox"/> Law Enforcement notified If Yes, Name of Agency and Report Number:	
<input type="checkbox"/> Other (specify)	

Follow-up Response: (Check all that apply)

<input type="checkbox"/> Medical treatment provided to victim	<input type="checkbox"/> Employee/Victim referred to counseling
<input type="checkbox"/> Medical treatment provided to assailant	<input type="checkbox"/> Employee/Assailant referred to counseling
<input type="checkbox"/> Workers' Compensation claim filed	

EMPLOYEE INCIDENT REPORT
Victim/Witness Account Form

To be completed by victims of or witness to alleged workplace violence. Reproduce as needed.

Date of Incident	Name Victim <input type="checkbox"/> Witness <input type="checkbox"/>	Date of Report
Address of witness/victim		Phone Number
Describe Incident in Detail. Include what happened, where, who was involved, what you heard, saw, etc.		
List Names of Other Witnesses		
Signature		Date
Person Receiving Witness Statement		Date