

COUNTY OF ALAMEDA
WORKPLACE VIOLENCE/THREAT OF VIOLENCE REPORTING FORM

Date and Time of Occurrence:		Exact Location of Occurrence:		Tracking No.:	
Victim Information			Suspect/Perpetrator Information		
Name:			Name:		
County Agency/Department:			County Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No (Check/Circle One)		
Work Address:			County Agency/Department (if applicable):		
Work Telephone:			Work Address:		
Supervisor:			Telephone:	Home:	Work:
Date of Birth	Age:	Sex:	Date of Birth	Age:	Sex:
Employee Identification Number:			Home Address:		
Reporting Party's Name					
Name:		Title:		Work Telephone:	
Description of the Incident (witnesses, weapons, alcohol/drugs, etc.)					
Police Report Completed: Yes No (circle one)			Type of Incident:		
If yes: Agency _____ Report No. _____			<input type="checkbox"/> Physical Violence <input type="checkbox"/> Threat of Violence <input type="checkbox"/> Other _____		
Category of Workplace Violence (please check the appropriate category):					
<i>Type I</i>	<input type="checkbox"/>	An incident where the assailant has no legitimate relationship to the workplace (e.g., enters workplace to commit a criminal act).			
<i>Type II</i>	<input type="checkbox"/>	An incident involving a violent act by a recipient of a service provided by the affected workplace or the victim,			
<i>Type IIa</i>	<input type="checkbox"/>	An incident involving a violent act upon a law enforcement officer in the performance of his/her duties.			
<i>Type III</i>	<input type="checkbox"/>	An incident committed by someone who has some employment-related involvement with the affected workplace. Usually this involves an assault by a current or former employee, supervisor or manager; by a current/former spouse or lover; a relative or friend; or some other person who has a dispute with an employee of the affected workplace			
Supervisor's Name (Print or Type Name)			Phone Number		

Supervisor's Signature

Date

SEE BACK OF THIS PAGE FOR INSTRUCTIONS AND RECOMMENDATIONS

DISTRIBUTION: COPY TO VICTIM, SHERIFF'S DEPARTMENT PLANNING & RESEARCH UNIT, QIC 26017, REPORTING PARTY. ORIGINAL TO EMPLOYEE'S SUPERVISOR FOR RECOMMENDATION AND FORWARD ORIGINAL THROUGH CHAIN OF COMMAND TO AGENCY/DEPARTMENT HEAD.

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INSTRUCTIONS

- ◆ The supervisor receiving a report of workplace violence must complete this form. The original must be forwarded through all appropriate levels of supervision to the Agency/Department Head.
- ◆ The Agency/Department Head shall complete his/her recommendation(s) and forward original to the Risk Manager, QIC 28505, for follow-up and a statement of resolution.
- ◆ The Risk Manager maintains the original until a resolution is reached and documented.
- ◆ When the resolution is reached, the Risk Management Unit will forward a copy to ACSD Planning and Research Unit.

COMMENTS AND/OR RECOMMENDED ACTION

(Complete the appropriate section and forward to the next level)

Immediate Supervisor of Reporting Party:
Date: _____
Next Level Supervision:
Date: _____
Next Level Supervision:
Date: _____
Next Level Supervision:
Date: _____
Agency/Department Head:
Date: _____
Risk Manager's Statement of Resolution:
Date: _____
Input Completed by Planning and Research:
Name (print): _____
Signature: _____ Date: _____