



**TOMPKINS COUNTY**  
**WORKPLACE VIOLENCE INCIDENT REPORT FORM**

**Section 3 - Assailant/Perpetrator Information**

Assailant/Perpetrator Relationship to Victim

Co-worker    Supervisor    Client/Customer    Patient    Visitor/Public    Person in Custody    Former Employee  
Contractor/Vendor    Spouse/Partner/Relative    Friend    Other \_\_\_\_\_

Name and Address of Assailant/Perpetrator (if known) \_\_\_\_\_  
\_\_\_\_\_

Suggestions for preventing a similar incident in the future

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\_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

# TOMPKINS COUNTY

## WORKPLACE VIOLENCE INCIDENT REPORT FORM

### Section 4 - To be Completed by Tompkins County

**Supervisor Notified**    Date \_\_\_\_\_ Time \_\_\_\_\_    Victim offered services of EAP?    Yes    No  
Were Police called    Yes    No    Did They Respond    Yes    No    Was a report filed    Yes    No    DR # \_\_\_\_\_  
Was Assailant Arrested    Yes    No    Date \_\_\_\_\_ Time \_\_\_\_\_  
Charges \_\_\_\_\_

Action Taken by Supervisor

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Suggestions for preventing a similar incident in the future

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Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Department Head Notified**    Date \_\_\_\_\_ Time \_\_\_\_\_

Action Taken by Department:

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Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

**Personnel Commissioner comments:**

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Commissioner of Personnel Signature \_\_\_\_\_ Date \_\_\_\_\_