

# TIOGA COUNTY WORKPLACE VIOLENCE INCIDENT FORM

Tioga County is committed to providing a work environment free from violence for all employees and visitors. Any employee who experiences a harmful event, becomes aware of one, or receives a threat shall notify their supervisor and then complete a Workplace Violence Incident Form to be sent to the Safety Officer and County Attorney. Time is of the essence- **Do not delay reporting an incident because you do not have all the information.** Any additional information can be provided later. Use multiple reports if needed.

Today's Date: _____	Case Number: _____
Date of Incident: _____	Time of Incident: _____
Date report received by County Attorney/Safety Officer: _____	
County Attorney Signature: _____	

### Employee (victim) Information

Name: _____	Extension No.: _____
Department: _____	Title: _____
Supervisor: _____	Supervisor Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No
(DSS only: attach a WMS or CMS inquiry screen if available)	

### Assailant/Perpetrator Information (complete all that is applicable)

Relationship to Employee (victim): <input type="checkbox"/> Co-worker <input type="checkbox"/> Supervisor <input type="checkbox"/> Client/Customer
<input type="checkbox"/> Visitor/Public <input type="checkbox"/> Person in Custody <input type="checkbox"/> Former Employee <input type="checkbox"/> Contractor/Vendor
<input type="checkbox"/> Spouse/Partner/Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other _____
Name and Address of Assailant/Perpetrator (if known): _____
_____

### Witness information

Name: _____	Phone No.: _____
Name: _____	Phone No.: _____



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Extent of injuries (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Did you lose any work days?  Yes  No    If Yes, how many days? \_\_\_\_\_

Were you offered EAP services?  Yes  No

Will you be seeking counseling due to this incident?  Yes  No  Maybe

Law Enforcement notified:  Yes  No      Was a report filed:  Yes  No

Name of Responding agency: \_\_\_\_\_ Report No.: \_\_\_\_\_

Name of Officer: \_\_\_\_\_ Date/time: \_\_\_\_\_

Was the assailant/perpetrator arrested:  Yes  No

What was the immediate action taken?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggestions for preventing a similar incident in the future: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

