

Colorado Department of Human Services (CDHS)
Workplace Violence Incident Report page 1
as reprinted on www.makeyourbusiness.org

This tool has been developed by the Colorado Department of Human Services. It addresses workplace violence in general. It can be adapted to meet individual employers' needs specific to the impact of domestic violence in the workplace.

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Please check (X) all boxes that apply.
Add narrative as necessary.

Contact: Consultation Incident Report

Reported to: North Central District Risk Manager

Southern District Risk Manager

Western District Risk Manager

Other _____
Please Identify

Reported by: _____

Phone Number: _____

Fax: _____

Date Reported: _____

Date of Incident: _____

Agency: _____

Time of Incident: _____

Facility: _____

AM

Location: _____

PM

Incident Reported to: Supervisor

Agency Director

On-Site Security

Police Authority

Other _____
Please Identify

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Did Injury Result?: Yes No

IOJ Filed?: Yes No

Medical Treatment?: Yes No

Lost Time?: Yes No

Fatality?: Yes No

Details of Property Damage (if any):

Victim(s) Job Classification

Perpetrator(s) Job Classification

Collect witness statements and file.
Do not submit to District Risk Manager unless requested.

Alleged: Employee to Employee

Visitor to Employee

Employee to Supervisor

Employee to Visitor

Supervisor to Employee

Other

Client to Employee

Please Identify

Employee to Client

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	Incident attempted/threatened	Incident occurred
Grabbed	<input type="checkbox"/>	<input type="checkbox"/>
Pushed	<input type="checkbox"/>	<input type="checkbox"/>
Slapped	<input type="checkbox"/>	<input type="checkbox"/>
Kicked	<input type="checkbox"/>	<input type="checkbox"/>
Scratched	<input type="checkbox"/>	<input type="checkbox"/>
Hit with fist	<input type="checkbox"/>	<input type="checkbox"/>
Hit with object	<input type="checkbox"/>	<input type="checkbox"/>
Bitten	<input type="checkbox"/>	<input type="checkbox"/>
Knifed	<input type="checkbox"/>	<input type="checkbox"/>
Shot	<input type="checkbox"/>	<input type="checkbox"/>
Assaulted with other weapon	<input type="checkbox"/>	<input type="checkbox"/>
Sexually Assaulted	<input type="checkbox"/>	<input type="checkbox"/>
Animal attack	<input type="checkbox"/>	<input type="checkbox"/>
Robbery	<input type="checkbox"/>	<input type="checkbox"/>
Vandalism (employee property)	<input type="checkbox"/>	<input type="checkbox"/>
Vandalism (employer property)	<input type="checkbox"/>	<input type="checkbox"/>
Bomb	<input type="checkbox"/>	<input type="checkbox"/>
Arson	<input type="checkbox"/>	<input type="checkbox"/>

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	Incident occurred
Verbally harassed	<input type="checkbox"/>
Verbally threatened	<input type="checkbox"/>
Threatened with weapon	<input type="checkbox"/>

If not identified previously, what type of weapon was used and how was it obtained?

Incident Description:

Investigation: In Progress
 Administrative Leave Pending Outcome
 Completed

Investigator: Supervisor _____ Please Identify
 District Risk Manager
 Agency Investigator _____ Please Identify
 Other _____ Please Identify

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Action Taken: Corrective Action EAP
(Check all that apply)

Discipline Mediation
 Termination Conflict Resolution
 Temporary Reassignment Criminal Charges
 Victim Relocated Restraining Order
 Other _____
Please Identify

Post-Incident: Was a critical incident debriefing provided to affected staff?
 Yes No N/A

Was post-incident counseling provided to affected staff?
 Yes No N/A