

Workplace Violence Protection Form

New Song Church / Play Kingdom / Preschool

Report Submitted by: _____ Date: _____

Date of Incident: _____ Time: _____

Address/Location of Incident (be specific): _____

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

Name: _____

Name: _____

Victim or Assailant

Victim or Assailant

Immediate Supervisor: _____

Immediate Supervisor: _____

Workplace Violence Type (check one)

- Type 1 Violence – workplace violence committed by a person who has no legitimate business at the workplace and includes violent acts by anyone who enters the workplace or approaches the workers with the intent to commit a crime..
- Type 2 Violence – workplace violence directed at employees by customers, clients, patients, students, or visitors.
- Type 3 Violence – workplace violence against an employee by a present or former employee, supervisor, or manager.
- Type 4 Violence – workplace violence committed in the workplace by a person who does not work there but has or is known to have had a personal relationship with an employee.

Assailant Relationship to Employee

- | | | | |
|------------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Co-worker | <input type="checkbox"/> Parent | <input type="checkbox"/> Vendor/Contractor | <input type="checkbox"/> Relative: _____ |
| <input type="checkbox"/> Student | <input type="checkbox"/> Stranger | <input type="checkbox"/> Animal | <input type="checkbox"/> Other: _____ |

Type of Incident (check all that apply)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Grabbed | <input type="checkbox"/> Pushed | <input type="checkbox"/> Slapped | <input type="checkbox"/> Kicked |
| <input type="checkbox"/> Scratched | <input type="checkbox"/> Hit with fist | <input type="checkbox"/> Hit with Object | <input type="checkbox"/> Bitten |
| <input type="checkbox"/> Animal Attack | <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Verbally harassed | <input type="checkbox"/> Verbally Threatened |
| <input type="checkbox"/> Vandalism | <input type="checkbox"/> Robbery | <input type="checkbox"/> Threatened w/weapon | <input type="checkbox"/> Attacked with a weapon |
| <input type="checkbox"/> Destruction of Property: (what) _____ | | <input type="checkbox"/> Other: _____ | |

Describe the Incident: (be as detailed as possible i.e. what type of weapon, what started the incident, etc.) _____

Were there Injuries

Victim

- None Yes, minor
- Yes, major Yes, required medical attention

Assailant

- None Yes, minor
- Yes, major Yes, required medical attention

Describe injuries of each person involved _____

Witness/Witnesses: (list all names of witnesses) _____

Additional Incident Information

- YES NO Was medical attention needed as a result of the incident?
- YES NO Was the incident reported to a supervisor or manager?
- YES NO Were the police contacted?

What actions can be taken to minimize this from occurring again? _____

For Internal Office Use Only

Employees Supervisor print _____ signature _____

Executive Pastor print _____ signature _____

HR Director print _____ signature _____

Documented in Incident Log YES NO Date: _____