



JCS-Inc.

Workplace Violence Incident Documentation Log

Date of Incident: _____ Time of Incident: _____

Specific location where the incident occurred: _____

Incident Details

Type of Incident

Select from the following options:

- | | |
|--|---|
| ☐ Physical Assault | ☐ Intimidation |
| ☐ Verbal/Written Threat | ☐ Property Damage |
| ☐ Harassment | ☐ Other (Specify): _____ |

Description of Incident

Provide a detailed description of what happened, including the sequence of events, involved parties, and any relevant context.

type here

Witnesses

List the names and contact information of any witnesses to the incident

WITNESS

CONTACT INFO

type name(s) here

type email, phone or address here

Severity

Select from the following options:

- | | | | |
|------------------------------|-----------------------------------|-------------------------------|---------------------------------|
| ☐ Low | ☐ Moderate | ☐ High | ☐ Severe |
|------------------------------|-----------------------------------|-------------------------------|---------------------------------|

Immediate Actions Taken

Describe any immediate actions taken to address the incident, such as contacting security, involving law enforcement, or providing medical assistance.

type here

Follow-Up Actions

Reported to Management

Indicate whether the incident was reported to supervisor or HR

- ☐ Reported to HR ☐ Reported to supervisor ☐ Reported to both HR and supervisor

Investigation

Describe any steps taken to investigate the incident, including interviews with witnesses or involved parties, review of security footage, etc.

type here

Documentation

Attach any relevant documentation, such as incident reports, witness statements, or photographs.

insert links to reports or images, if applicable, here

Communication

Detail any communication with employees, management, or other stakeholders regarding the incident.

type here

Support Provided

Describe any support provided to employees affected by the incident, such as counseling services or safety planning.

type here

Preventive Measures

Risk Assessment

Indicate whether a risk assessment was conducted following the incident to identify potential contributing factors and prevent future occurrences.

type here

Training

Detail any additional training provided to employees or managers to prevent workplace violence.

type here

Policy Review

Note any updates or revisions made to workplace violence prevention policies or procedures as a result of the incident.

type here

Follow-Up Actions Required**Employee Discipline**

If applicable, detail any disciplinary actions taken against individuals found responsible for the incident.

type here

Legal Action

Indicate whether legal action, such as filing charges or seeking a restraining order, is being pursued.

type here

Safety Measures

Describe any additional safety measures implemented to enhance security and prevent similar incidents.

type here

Additional Comments

Provide any additional comments or observations related to the incident or follow-up actions.

type here

Completed By

Name of Employee Documenting Incident: _____

Employee's Position: _____

Date: _____