



# Fairfield-Suisun Unified School District

## Workplace Violent Incident Log

This form must be completed for every record of violence in the workplace.

### Appendix B

Incident ID #*:	Date and Time of Incident:	Department:
Specific Location of Incident:		

*\* Do not identify employee by name, employee #, or SSN. The Incident ID must not reflect the employee's identity.*

Describe Incident (Include additional pages if needed):

### Assailant Information:

Partner/Spouse of Victim	Parent	Contract Services Worker
Former Partner/Spouse of Victim	Family or Friend of Student	Co-Worker/Supervisor/Manager
Robber/Burglar	Relative of Victim	Ex/Separated-Employee
Stranger	Animal	Person In Custody
Student	Outside Vendor	
Other:		

### Classification of Offender: (Choose most applicable Type #)

<b>Type #1:</b> Perpetrator has no legitimate relationship to the business or its employees and commits a crime in combination with the assault.	<b>Type #3:</b> Coworkers, current or separated employee. Any person having employment at any time within the business.
<b>Type #2:</b> Customers, clients, students, parents, or anyone else that is known to the workplace and has legitimate reason to be there.	<b>Type #4:</b> Personal relationships. Perpetrator does not have a relationship and is not a customer of business, but does have a relationship with the intended victim.

Circumstances at Time of Incident (check all that apply):

Employee Performing Normal Duties	Poor Lighting	Employee Rushed
Employee Isolated or Alone	High Crime Area	Low Staffing Level
Unable to Get Help or Assistance	Working in a Community Setting	Unfamiliar or New Location
Other:		

Location of Incident:

Auditorium	Faculty Lounge	Nurse's Office
Athletic Field/Court	Gymnasium	Parking Lot or Outside Building
Breakroom	Hallway	Personal Residence
Cafeteria	Library	Reception Area
Classroom	Maintenance Facility	Restroom or Locker Room
Conference Room	Multipurpose Room	Theatre
Other:		

Type of Incident (check all that apply):

Robbery	Grabbed	Pushed
Verbal Threat or Harassment	Kicked	Scratched
Sexual Threat, Harassment, or Assault	Shot (or Attempted)	Bitten
Animal Attack	Bomb Threat	Slapped
Threat of Physical Force	Vandalism (of Victim's Property)	Hit with Fist
Threat of Use of Weapon or Object	Vandalism (of Employer's Property)	Stabbed (or Attempted)
Assault with A Weapon or Object	Brandishing of Weapon	Arson
Hit with an Object	Other:	

Consequences of Incident:

Medical care provided?	Yes	No	Security contacted?	Yes	No
Any outside assistance required to conclude the event?	Yes	No	Law enforcement contacted?	Yes	No
Explain:			Days lost from work (if any):	0	
Actions taken by employer to protect employees from a continuing threat?	Yes	No			
Mandated Reporter Report Made/Notifications Made:	Yes	No			

Completed by:

Name:	Title:	Date:
Telephone:	Email:	
Signature:		

