

# Bellevue Union School District

## Violent Incident Log

DATE	TIME	LOCATION	DETAILED DESCRIPTION OF THE INCIDENT	WORKPLACE VIOLENCE TYPE				WHERE INCIDENT OCCURRED?
				1	2	3	4	
<b>CLASSIFICATION OF PERPETRATOR:</b>	<input type="checkbox"/> Client <input type="checkbox"/> Customer <input type="checkbox"/> Family of client <input type="checkbox"/> Friend of client <input type="checkbox"/> Family of customer <input type="checkbox"/> Friend of customer <input type="checkbox"/> Stranger		<input type="checkbox"/> Co-worker <input type="checkbox"/> Supervisor/manager <input type="checkbox"/> Partner/spouse <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____		<b>CLASSIFICATION OF CIRCUMSTANCES AT TIME OF INCIDENT:</b>			<input type="checkbox"/> Performing usual job duties <input type="checkbox"/> Poorly lit areas <input type="checkbox"/> Rushed <input type="checkbox"/> Isolate/alone <input type="checkbox"/> Unable to get help/assistance. <input type="checkbox"/> Working in unfamiliar/new loc. <input type="checkbox"/> Rushed <input type="checkbox"/> Low staffing level <input type="checkbox"/> Working in community setting <input type="checkbox"/> Other: _____
	<b>TYPE OF INCIDENT:</b>		<input type="checkbox"/> Physical attack without a weapon <input type="checkbox"/> Animal attack <input type="checkbox"/> Sexual assault or threat (including rape, attempted rape, physical display, or unwanted verbal or physical sexual contact) <input type="checkbox"/> Other					<input type="checkbox"/> Attack with a weapon or object <input type="checkbox"/> Threat of physical force or threat of the use of a weapon or other object
<b>CONSEQUENCES OF INCIDENT:</b>		<b>Was security contacted?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>RESPONSE:</b>				
		<b>Was law enforcement contacted?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>RESPONSE:</b>				
		<b>Action taken to protect employees from a continuing threat or other hazards as a result of the incident:</b>						
<b>COMPLETED BY:</b>			<b>JOB TITLE:</b>			<b>DATE COMPLETED:</b>		