

UH AT HILO VIOLENCE IN THE WORKPLACE INCIDENT REPORT

Date:			
Time:			
Location:			
Alleged Victim(s):	Name	Phone #	Address
1			
2			
3			
Alleged Perpetrator(s)	Name	Phone #	Address
1			
2			
Description of Incident: (Describe what happened, how did the incident occur, why did the incident occur, and other information)			
Witnesses and/or other persons who may have pertinent knowledge and/or information			
	Name	Phone #	Address
1			
2			
3			
Identify who is affected: Internal <input type="checkbox"/> External <input type="checkbox"/>			
Who was informed/who needs to know (see flow chart on suggested information tree)			
	Name	Date & Time Informed	
Describe immediate actions taken:			
Completed by:			
Date:			
Phone No.:			