

WORKPLACE VIOLENCE - INCIDENT REPORT*

This form is utilized to document any incident that alleges workplace violence involving UNT employees, students or visitors. Complete this form and deliver it to your UNT supervisor or Campus Human Resources within 24 hours of incident. Please type or print.

For the person filing the incident report: Please give us the following information about you:

Name _____

Staff _____ Faculty _____ Student _____ Visitor _____

Residence Address _____

ID (for UNT employees EMPLID) _____ Gender: F ___ M ___

Work Phone _____ Home Phone _____

Title _____ Full Time ___ Part Time ___

Dept. _____ Regular work schedule _____

Supervisor's name and phone number _____

Is English your preferred language? Yes ___ No ___

If No, specify language _____

Date of alleged workplace violence incident: _____

Time: _____ AM ___ PM ___

Location _____

Explain in detail the situation you are reporting: (Use additional paper, if necessary)

Describe the area where the incident occurred:

At the time of the incident were you engaged in an activity in the course and scope of your job description?
Yes ____ No ____ Explain:

Were the other parties involved employees of UNT? Yes_____ No_____Explain:

List witnesses (give name and contact information):

Other pertinent information and source:

As a result of the incident described above please list all parties you have notified and/or action you have taken:

I certify that all the information provided by me in this document is true, complete, and correct to the best of my knowledge and made in good faith.

Signature

Date