



Complaint Alleging Workplace Violence

This form must be completed by the complainant's supervisor or by UHR with the complainant's input. This form is necessary when an employee reports an incident involving a threat, act of intimidation, violence or other unacceptable behavior being committed by another employee.

1. **Complainant's Name:** _____
2. **Job Title:** _____
3. **Complainant's home address:** _____
4. **Home phone number:** _____
5. **Work phone number:** _____
6. **Department:** _____
7. **Work location:** _____
8. **Incident date:** _____
9. **Incident time:** _____
10. **Incident location:** _____
11. **Type of incident:** Assault Robbery Harassment Disorderly Conduct Sex Offense Other
Specify: _____

12. **Were you injured?** Yes No
If yes, please specify your injuries and location of any treatment: _____

13. **Did police respond to the incident?** Yes No
If yes, which police department: _____
14. **Was a police report filed?** Yes No
15. **Was your supervisor notified?** Yes No
16. **Supervisor's name:** _____
17. **Was any action taken?** Yes No
Specify: _____

18. **Alleged perpetrator:** Intruder Customer Patient Resident Client Visitor Student Co-Worker Former Employee Supervisor Family/Friend Other
Specify: _____

19. **Alleged perpetrator:** Name/address/age (if known): _____

20. **Please briefly describe the incident:** _____

21. Were you alone when the incident occurred: Yes No

22. Provide information for all witnesses: name, department, address, phone number: _____

23. Did the incident involve a weapon: Yes No

Specify: _____

24. Were you unable to continue or report for work due to the incident? Yes No

25. How long?: _____

Why?: _____

26. Was the violence directed solely at you or were others included?:

If others were included, name(s), department(s), address(es), phone number(s) if known:

27. Did you have any reason to believe than an incident might occur?: Yes No

Specify: _____

28. Had this type of similar incident(s) happened to you or your co-workers?: Yes No

Specify: _____

29. Was the alleged assailant involved in previous incidents? Yes No

30. Have you had any counseling or support since the incident? Yes No

Specify: _____

31. What are your recommendations for avoiding such an incident?: _____

32. Are there any measures in place to prevent similar incidents? Yes No

Specify: _____

33. Has corrective action been taken? Yes No

Specify: _____

34. Incident disposition (ciheck all that apply): No action taken Arrest Warning Suspension

Reprimand Other

Specify: _____

35. Comments: _____

Action taken:

_____ Referred to OUPD

_____ Referred to University Human Resources for further action

_____ Interviewed all parties, investigated facts, filed with UHR

_____ Dismissed complaint because _____

_____ Other _____

Recorder's Signature _____ Date _____

Complainant's Signature _____ Date _____