

## Violence in the Workplace Policy Incident Report Form

Bowling Green State University has a very clear policy that acts of violence, threats of violence, or intimidation will not be tolerated among its employees while engaged in the work they were hired to do. The university recognizes the importance of providing a safe environment for all of its employees. In this community, victims/survivors will be treated with dignity and respect. To that end this incident report form has been created to bring potential acts of violence forward for attention. If you believe you have been a victim of a crime, please contact the BGSU police department for immediate assistance.

|  |                    |
|--|--------------------|
| Date of the incident (mm/dd/year)  | Day of the week    |
| Location of the incident.  |                    |
| Description of the incident.   |                    |
| List any witnesses to the incident (name and phone number):  |                    |
| Were any weapons involved in the incident? If so, describe:  |                    |
| Was the individual filing the report injured? If yes, please describe:   |                    |
| Name of the person filing the incident report (name and phone number):   |                    |
| Individual's affiliation with BGSU:<br><input type="checkbox"/> Employee <input type="checkbox"/> Faculty <input type="checkbox"/> Administrative Staff <input type="checkbox"/> Classified Staff<br><input type="checkbox"/> Student<br><input type="checkbox"/> Visitor<br><input type="checkbox"/> Other (please explain) |                    |
| Work Unit (if employee):   | Supervisor's name: |
| Has supervisor been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If the supervisor is involved in the incident has the next level of authority been notified?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                               |                    |

In your opinion, who was responsible for the incident?

Stranger                       Co-Worker  
 Personal Relation         Supervisor  
 Other, please describe: \_\_\_\_\_

Name of the individual, if known: \_\_\_\_\_

What steps could be taken to avoid a similar incident in the future?

Form Created October 2005

**Process:**

- 1) Complete and return the form to the Office of Human Resources (HR) as soon as possible but no later than 5 working days from the date of the incident.
- 2) If involving a staff member, the HR Manager of Employment and Employee Relations will investigate the incident described in the form and determine next appropriate steps. The HR Manager will inform the employee filing the incident report of the steps taken or being taken. This information will be provided to the individual completing the incident report form within 5 working days for the date the form is received in HR.
- 3) If involving a faculty member or student the form will be forwarded to the Provost or the Dean of Students for appropriate action. This information will be provided to the individual completing the incident report form the same day the form is forwarded to the Provost or Dean of Students.

Questions regarding this form or its usage may be directed to the Office of Human Resources at 419-372-2259.

Response/Disposition:

  
  
  
  
  
  
  
  
  
  

Date: