

# Whitman County Violent Act/Threat Reporting Form

Please provide the following information about the violent incident:

Date:	Time:	Location (Include <b><u>Department and Physical Address</u></b> ):

<b>Victim Information</b>		Name:
Gender <input type="checkbox"/> Male  <input type="checkbox"/> Female	Description <input type="checkbox"/> Employee (Title/Department _____ ) <input type="checkbox"/> Patient <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	

<b>Person Committing Act</b>		Name:
Gender <input type="checkbox"/> Male  <input type="checkbox"/> Female	Description <input type="checkbox"/> Employee (Title/Department/EE# _____ ) <input type="checkbox"/> Patient <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	

**Please continue to the following side.** If needed, you may use the following space to map the location of the incident.

**Send completed form to Whitman County Human Resources.**

This record must be kept on file for at least five years from the date of the incident.

## Incident Description

Type of Act

- Threat of assault with no physical contact.
- Physical assault with contact but no physical injury.
- Physical assault with mild soreness, surface abrasions, scratches, or small bruises.
- Physical assault with major soreness, cuts, or large bruises.
- Physical assault with severe lacerations, a bone fracture, or a head injury.
- Physical assault with loss of limb or death.

Describe what occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many employees were in the area of the act when it occurred?

Please describe the actions taken by employees and the office in response to the act:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please identify any injured body part(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please identify any weapon(s) used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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