

CATTARAUGUS COUNTY Workplace Violence Report Form

This form must be used to document any reportable Workplace Violence event.

Victim's Name:	Date:
Phone Number:	Title:
Email:	Department:
Alleged Perpetrator's Name:	Phone Number:
Employee/Co-worker D Victim's Supervisor	□ Member of the Public □ Other
If Other, Explain:	
Witness Name(s):	
Contact Info:	
Additional Witness Names, Please include in the narra	ative along with their contact information
Supervisor Notified: □Yes □No Name of Supervisor	ervisor Notified:
Date of Accident/Incident:	Time:
Location of Accident/Incident:	
Police Report Filed: Yes No UNK Police Depart	ment:
Please provide as much detail as possible regard	ding the Workplace Violence event or events.
Please describe each incident in as much detail	•
and possible witnesses.	
Feel free to attach additional pages as necessary.	
Description of Incident:	



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Please Circle any/all of the following that apply to this Workplace Violence event or events:

Level 1	Level 2	Level 3
Harassment	Threatened with an Object	Pushing
Shouting	Verbal Threats of Harm/Injury	Grabbing
Obscene Language/Gestures	Obscene or Threatening Calls	Being Hit by an Object
Verbal Abuse	Being Followed or Stalked	Sexual Assault
Bullying		Stabbing
Intimidation		Shooting
False Statements		Homicide

Level 1 events should report the incident to the Department Head within 48 hours of the occurrence.

Level 2 and Level 3 events must be reported immediately.

The Department Head is then responsible for completing and forwarding this form to the Risk Management Division Investigator within the same timeframes.

I attest that the information I have provided is a true and accurate description of my complaint and that I have not willfully or deliberately made false statements. I understand that Cattaraugus County prohibits any individual from retaliating against me for filing a complaint and that I am to notify my Department Head, the Deputy Personnel Officer or the Risk Management Investigator of my concerns regarding retaliation immediately.

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
DEPARTMENT HEAD SIGNATURE	DATE