

Town of Milford



WORKPLACE VIOLENCE INCIDENT REPORTING FORM

Date Reported: _____

Name of Person Making Report: _____

Telephone Number: _____

If anonymous, indicate method of notification:

Telephone call Written document Other; specify: _____

Name/Location of the affected department: _____

Relationship to the person reporting:

Employee Volunteer Town citizen Vendor Contractor

Relationship to Victim/Potential Victim (if any): _____

Name of Victim/Potential Victim: _____

Additional information or documents may be attached if necessary

When (date) and where (physical location) did alleged threat or act of violence occur?

What events occurred immediately prior to the incident?

What was the specific language of the alleged threat?

Provide specific details of the alleged threat or act of violence:

Describe the conduct and appearance of the Threat Maker/Perpetrator (physically and emotionally):

Names of Witnesses:

Telephone Numbers:

#1 _____
#2 _____
#3 _____

What happened to the Threat Maker/Perpetrator after the incident?

Names of supervisory staff involved and how they responded:

Steps that have been taken to ensure the threat will not be carried out or act of violence repeated:

Was local Law Enforcement notified? Yes No

If yes, what action was taken by Law Enforcement?

No action taken Report written Suspect escorted from property

Suspect arrested

Name of local Law Enforcement Agency: _____

Suggestions for preventing a similar incident in the future:

Report Prepared by: _____ Date: _____

Job Title: _____ Phone No: _____