



# CITY OF NEW HAVEN

200 Orange Street, New Haven, CT 06510

(203) 946-8252

(203) 946-7166 fax

[www.cityofnewhaven.com](http://www.cityofnewhaven.com)



## WORKPLACE VIOLENCE INCIDENT REPORT FORM

**DETAIL** (To be completed by the employee or the employee's supervisor within two (2) business days of complaint and forwarded to Human Resources at [HR@newhavenct.gov](mailto:HR@newhavenct.gov).)

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY

### GENERAL INFORMATION:

Name: \_\_\_\_\_  
First M.I. Last

Male  Female  Non-Binary

You are a:  City Employee  Visitor  Vendor/contract  Customer  
 City Resident  Other (specify) \_\_\_\_\_

Job title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Department name: \_\_\_\_\_

Department address: \_\_\_\_\_

Work location and phone #: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Supervisor's address and phone #: \_\_\_\_\_

### INCIDENT:

Date of Incident: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time of Incident: \_\_\_\_\_  AM  PM

Duration of incident: \_\_\_\_

Police called?  Yes  No  Do not know If Yes, Case # \_\_\_\_\_

**Location of incident:** \_\_\_\_\_  
(Address)

- In the office of the complainant  In the building where complainant works
- Parking lot  Field location
- Other (specify) \_\_\_\_\_

### **Nature of incident:**

- Pushing/shoving  Threat/threatening behavior  Assault
- Robbery  Physical abuse

Other (specify, e.g. vandalism, sabotage, bomb threat, suspicious letter, E-mail, social media posting, voicemail, or telephone)

**Injuries incurred:**

Were there any injuries?  Yes  No  Do not know

If yes, describe: \_\_\_\_\_

Was medical treatment required?  Yes  No  Do not know

If yes, what hospital/medical facility provided treatment? \_\_\_\_\_

Were there any fatalities?  Yes  No  Do not know

**Other Individuals Involved/Witness(es):**

Please provide names and contact information, if possible:

Name	Address (if known)	Phone	Email Address

**Weapon(s) used/Threatened Use:**

Yes  No  Do not know

If yes, specify:

- Gun
- BB Gun
- Knife/stiletto/switchblade
- Martial arts weapon
- Electronic defense weapon
- Other (specify type) \_\_\_\_\_

**Suspected Factors: (Please check all that apply)**

- Intoxication
- Long wait for service
- Do not know
- Personal
- Gang related
- Other (specify type) \_\_\_\_\_
- Employment related
- Dissatisfied with treatment/service

**Support Services Notified: (Please check all that apply)**

- Local Police  Yes  No  Do not know
- State Police  Yes  No  Do not know
- Threat Assessment Team  Yes  No  Do not know
- Employee Assistant Program  Yes  No  Do not know

Date incident reported to Human Resources: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

