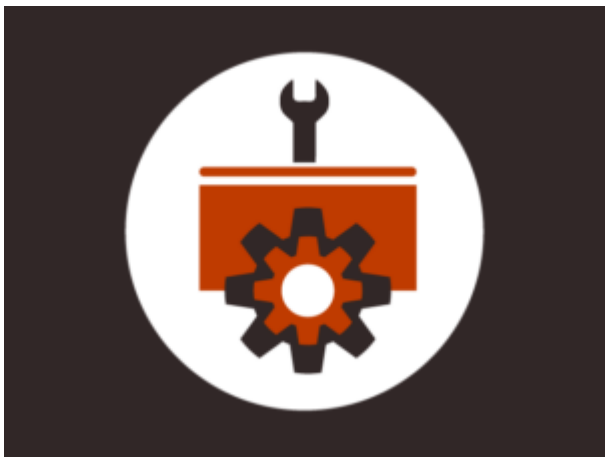
Violent Incident Report



General information
Your name: Today's date: Workplace branch or location: Witness information (names and contact numbers):

The incident
Date of incident: Time of incident: Where did the incident happen (for example, the sales counter, stockroom, or hallway)? What type of incident was it (for example, verbal abuse, physical threat, pushing, slapping, or robbery)? Describe what happened. Include factors that led up to the incident. Did you receive first aid or other medical attention? ☐ Yes ☐ No Has this incident been reported to the police or security? ☐ Yes ☐ No ☐ Don't know If available: police file #

SafetyNow