

**WORKPLACE VIOLENCE REPORTING FORM**

**Employee Information:** \_\_\_\_\_ **Date of Report:** \_\_\_\_\_  
Employee Name: \_\_\_\_\_ Date of Incident: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  
Department: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

**Nature of Incident:** (Check all that apply)

- Verbal Abuse
- Threats
- Harassment
- Physical Assault
- Intimidation
- Other (Specify) \_\_\_\_\_

**Details of Incident:** Attach Pages as needed.

Describe the incident in detail, including the individuals involved, any witnesses and the sequence of events.

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**Witness Information:**

Include names and contact information of any witnesses to the incident.

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**Additional Comments:**

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**Name of Person Completing Report (PRINT):** \_\_\_\_\_

**Signature of Person Completing Report:** \_\_\_\_\_

**Contact Information of Person Completing Report:**

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Are you a TCOE Employee?**       **Yes**                       **No**

Please submit this form to the Human Resources Department.

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