



# CITY OF CHICAGO

## DEPARTMENT OF HUMAN RESOURCES

### VIOLENCE IN THE WORKPLACE INCIDENT REPORT

*Note: This document is to be completed at the time of the incident, by the direct supervisor of the participant and/or the Violence in the Workplace Liaison. Please attach additional pages, as needed, to answer questions 10, 26 and 27. Such pages should be signed by the supervisor and Violence in the Workplace Liaison. Staple the original Attachment A forms, support statements and other pertinent documents (police and medical reports) to this form.*

1. Date of incident: \_\_\_\_\_ Time incident occurred: \_\_\_\_\_ Date report initiated: \_\_\_\_\_
2. Name of participant: \_\_\_\_\_
3. If the participant is a City employee, indicate:
  - a. Job title: \_\_\_\_\_
  - b. City of Chicago Employee Identification Number: \_\_\_\_\_
  - c. Department/Bureau: \_\_\_\_\_
  - d. Workplace address of participant: \_\_\_\_\_
4. If participant is not a City employee, provide daytime and nighttime telephone numbers: daytime phone #: \_\_\_\_\_ nighttime phone #: \_\_\_\_\_
5. Did this incident occur during working hours?  Yes  No
6. Did this incident occur on City of Chicago property?  Yes  No
7. Location of the incident: \_\_\_\_\_
8. Indicate the type of incident that occurred by circling the appropriate response(s):
  - a. Direct or indirect verbal threats.
  - b. Any written messages, mail, telephone calls, correspondence, or faxed communications which are threatening, intimidating, or of a coercive nature.
  - c. Any physical abuse or use of force including fighting and horseplay.
  - d. Threatening, intimidating, coercing or stalking of other employees.
  - e. All acts of vandalism or destruction of property owned or leased by the City, its employees, or the public.
  - f. Possession or use of any weapon or ammunition, on City of Chicago property at any time, unless authorized as a specific requirement of the employee's work assignment.  
If the incident involved a weapon, specify the type of weapon: \_\_\_\_\_
  - g. Other \_\_\_\_\_
9. Was the participant injured?  Yes  No
10. If the participant was injured, please specify injuries and/or damages incurred.  
\_\_\_\_\_  
\_\_\_\_\_
11. Were you (supervisor) on duty when this incident occurred?  Yes  No
12. Was the participant alone at the time of the incident?  Yes  No
13. Was the employee the only participant?  Yes  No  
If no, were the other participants City employees?  Yes  No Some were employees and some were not employees.
14. Were police/security personnel, EMS or other public safety staff notified of the incident?  Yes  No
15. Were the employee(s)/participant(s) offered medical attention at the time of the incident?  Yes  No
16. If public safety staff were notified, indicate who was contacted: \_\_\_\_\_
17. Was a police report filed:  Yes  No Police Report No.: \_\_\_\_\_
18. If yes, who filed the police report? \_\_\_\_\_  
What is the relationship, if any, between the individual filing the report and the victim? \_\_\_\_\_
19. Was an arrest made?  Yes  No If yes, who was arrested? \_\_\_\_\_
20. Were there any witnesses to this incident?  Yes  No If yes, please have each witness, including participants, complete Attachment A.
21. Were you able to determine whether anyone left the area because of the incident?  Yes  No  
If yes, were the individuals City employees and/or members of the public? \_\_\_\_\_
22. What is the alleged assailant/perpetrator's relationship to the alleged victim/participant(s)? If known, circle the correct answer(s): employee, co-worker, former employee, member of the public, supervisor, family/friend, spouse, former spouse, domestic partner, former domestic partner, other (specify): \_\_\_\_\_  
\_\_\_\_\_
23. Name of alleged assailant/perpetrator: \_\_\_\_\_
24. If the assailant/perpetrator is a City of Chicago employee, answer the following questions A - E:
  - A. Job Title: \_\_\_\_\_
  - B. If City employee, provide employee identification number: \_\_\_\_\_
  - C. If the alleged assailant/perpetrator is a City of Chicago employee, does he/she meet the criteria for drug and alcohol testing?  Yes  No
  - D. Department/Bureau: \_\_\_\_\_
  - E. Workplace address of alleged assailant/perpetrator: \_\_\_\_\_
25. If the alleged assailant/perpetrator is not a City employee, provide daytime and nighttime phone numbers, if known:  
daytime phone #: \_\_\_\_\_ nighttime phone #: \_\_\_\_\_
26. Briefly describe the incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
27. Was any immediate action taken to prevent escalation or recurrence of this incident?  Yes  No If yes, please describe: \_\_\_\_\_
28. Have you, the supervisor, informed your supervisor of this incident?  Yes  No

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Violence in the Workplace Liaison's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Name Printed \_\_\_\_\_ Date \_\_\_\_\_

Violence in the Workplace Liaison's Name Printed \_\_\_\_\_ Date \_\_\_\_\_