

UC DAVIS CAMPUS
WORKPLACE VIOLENCE INTAKE FORM

Please submit this form to

WorkplaceViolencePrevention@ucdavis.edu

Definition

Workplace Violence: Any act of violence or threat of violence that occurs in a place of employment. Includes, but is not limited to, the following:

- The threat of physical force against an employee that results in, or has a high likelihood of resulting in, injury, physiological trauma, or stress, regardless of whether the employee sustains injury.
- An incident involving a threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains injury.

General Information

Today's date (mm/dd/yyyy): _____

Date of incident (mm/dd/yyyy): _____

If incident has taken place on more than one date, please indicate the initial date here and include additional dates below in the **Description of Incident section.*

Time of incident (AM/PM): _____

Location of incident: _____

Are you reporting for yourself or another? _____

Incident Information

Four types of workplace violence:

"Type 1 Violence": Workplace violence committed by a person who has no legitimate business at the worksite, and includes violent acts by anyone who enters the workplace or approaches workers with the intent to commit a crime.

"Type 2 Violence": workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors.

"Type 3 Violence": workplace violence against an employee by a present or former employee supervisor or manager.

"Type 4 Violence": workplace violence committed in the workplace by a person who does not work there, but has or is known to have had a personal relationship with an employee.

Please see reference of [Senate Bill No. 553 Section 4. 6401.9](#)

Workplace Violence type(s) involved in the incident: _____

**Please select an answer from the list above*

Description of Incident

Please provide a detailed description of the incident being reported.

In your response please include the following: what occurred, what was said, when the incident(s) occurred, where the incident(s) occurred, who else was present at the time of the incident(s), along with any other relevant information. If there were any witnesses to the alleged misconduct, witness names should be provided, along with contact information, if known. If you need additional space to describe the behavior being reported, please attach another document with the details.

Parties Involved

Who committed the violence: _____

(Examples: client or customer, family or friend of a client or customer, stranger with criminal intent, coworker, supervisor or manager, partner or spouse, parent or relative, or other perpetrator.)

Circumstances at time of incident: _____

(Examples: whether the employee was completing usual job duties, working in poorly lit areas, rushed, working during a low staffing level, isolated or alone, unable to get help or assistance, working in a community setting, or working in an unfamiliar or new location.)

Where the incident occurred: _____

(Examples: in the workplace, parking lot or other area outside the workplace, or other area.)

Incident Type

The type of incident, including, but not limited to whether it involved any of the following:

- Physical attack without a weapon, including, but not limited to, biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting.
- Attack with a weapon or object, including, but not limited to, a firearm, knife, or other object.
- Threat of physical force or threat of the use of a weapon or other object.
- Sexual assault or threat, including, but not limited to, rape, attempted rape, physical display, or unwanted verbal or physical sexual contact.
- Animal attack.
- Other.

Type(s) of Incident: _____

**Please indicate the type of incident from the list above.*

Additional Information of Incident

Was there a police report filed? (Yes/No) _____

Actions taken to protect employee from continuing threat: _____

Reporter Information

If any of the requested information about the Reporter is unknown, please write “Unknown.**”*

Reporter Name: _____

Reporter Email: _____

Reporter Phone Number: _____

Reporter Job Title: _____

Reporter Department: _____

Reporter Affiliation (Staff, Faculty, Academic Appointee, Student, Other): _____

Next Steps

Please email this form to WorkplaceViolencePrevention@ucdavis.edu. After submitting this form, you will receive a confirmation of receipt from the Davis Campus Workplace Violence Prevention Team and the case will be referred to the appropriate office for handling.