

# Violent Incident Report

<b>Your Name:</b>	<b>Time:</b>	<b>Date:</b>
<b>Your Position Title:</b>	<b>Your status:</b> (perm or casual)	<b>Years of service:</b>
<b>Department:</b>	<b>Supervisor's name:</b>	
<b>Subject identity</b> (if known):	<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>	<b>Adult</b> <input type="checkbox"/> <b>Juvenile</b> <input type="checkbox"/>
<b>Method of contact:</b> <input type="checkbox"/> In person <input type="checkbox"/> phone (activate call trace by dialing *957 or *57). I received the call on this number _____ <input type="checkbox"/> Third party	<b>Vehicle Identification:</b>	<b>Location of Incident:</b>
<b>Type of Incident:</b> <input type="checkbox"/> Threat <input type="checkbox"/> Bomb Threat <input type="checkbox"/> no injury <input type="checkbox"/> minor injury <input type="checkbox"/> major injury	<b>Action taken:</b>	<b>Subject Description:</b> (glasses, hair color, eye color, height, weight, clothing, etc.)
<b>If threat made by phone record:</b>	<b>Speech:</b>	<b>Grammar:</b>
<b>Voice Characteristics</b>		
<input type="checkbox"/> Loud <input type="checkbox"/> Deep <input type="checkbox"/> Raspy <input type="checkbox"/> Soft <input type="checkbox"/> Pleasant <input type="checkbox"/> High Pitched <input type="checkbox"/> Intoxicated <input type="checkbox"/> Other	<input type="checkbox"/> Fast <input type="checkbox"/> Slow <input type="checkbox"/> Slurred <input type="checkbox"/> Stutter <input type="checkbox"/> Distinct <input type="checkbox"/> Distorted <input type="checkbox"/> Nasal <input type="checkbox"/> Other	<input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Foul <input type="checkbox"/> Mispronounced
<b>Accent</b>	<b>Manners</b>	<b>Background Noise</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Real <input type="checkbox"/> Fake	Type? <input type="checkbox"/> Calm <input type="checkbox"/> Angry <input type="checkbox"/> Rational <input type="checkbox"/> Irrational <input type="checkbox"/> Righteous <input type="checkbox"/> Excited <input type="checkbox"/> Deliberate <input type="checkbox"/> Jovial <input type="checkbox"/> Incoherent <input type="checkbox"/> Coherent <input type="checkbox"/> Emotional <input type="checkbox"/> Intoxicated	<input type="checkbox"/> Party <input type="checkbox"/> Animals <input type="checkbox"/> Voices <input type="checkbox"/> Office <input type="checkbox"/> Quiet <input type="checkbox"/> Other <input type="checkbox"/> Traffic <input type="checkbox"/> Music <input type="checkbox"/> Train <input type="checkbox"/> Television <input type="checkbox"/> Machinery <input type="checkbox"/> PA system

**Any other information that is relevant:** (i.e. were police notified, exact wording of threat, anything that you said to subject, etc.)

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**Supervisor Comments:** (i.e. what measures are in place to prevent a recurrence, additional training required, letter sent to subject, how was this violent incident handled, etc.)

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**OHC Committee comments:**

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**Coordinator - Health, Safety and Environment comments:**

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