

**WORKPLACE VIOLENCE/BULLYING INCIDENT REPORT**

**Part I through Part V should be completed by the supervisor based on information provided by the employee involved in the incident. If information is not available, state "N/A." When completed, route immediately to the Executive Branch, Attn: EEO Manager, Office of Equal Employment Opportunity. If you have any questions, call (916) 651-7559.**

**Part I - Type of Incident**

Assault/Battery      Bullying      Threat      Harassment      Other \_\_\_\_\_

**Part II - Complainant**

A. Name of Complainant (First/Last):

B.            Male

Female

C. Telephone Number:

D. Employer:

E. Work Address:

Street

City

Zip

F. Classification:

**Part III - Alleged Perpetrator**

A. Alleged Perpetrator's Name (First/Last):

B. Classification:

OR

Member of Public

C.            Male

Female

D. Telephone Number:

E. Home/Work Address:

Street

City

Zip

**Part IV - Specific Incident Information**

A. Type of Contact:

In Person

Telephone

Mail

Other \_\_\_\_\_

B. Where Incident Occurred - Place of Business/Employee's Residence/Other:

C. Address Where Incident Occurred:

D. Date of Incident:

Approximate Time:

a.m.

p.m.

Description of incident or activity, including why the alleged perpetrator was irate. Continue on a separate sheet, if necessary:

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**Part IV - Specific Incident Information** (continued)

E. Was complainant injured?      Yes      No

F. Was alleged perpetrator injured?      Yes      No

G. Witnesses to the incident (continue on a separate sheet if necessary):

Name:      Telephone:

Address:

Street      City      Telephone:      Zip

Name:      Telephone:

Address:

Street      City      Zip

**Part V - Supervisor Information and Action Taken by Supervisor**

A. Supervisor's Name:

B. Work Address:

Street      City      Zip

C. Supervisor's Classification/Title:

D. Telephone Number:

E. Immediate Action Taken by Supervisor:

F. Law Enforcement or Other Outside Agencies Contacted:

G. Date Consulted With Second Line Supervisor:

**Part VI - Consultation with Office of Equal Employment Opportunity** To Be Completed by Office of Equal Employment Opportunity Staff: