

# Workplace Violence Prevention Incident Log

1. Email: \_\_\_\_\_

2. Incident Date: \_\_\_\_\_

3. Incident Time: \_\_\_\_\_

4. Incident Location:

*Please be sure to include the building, room number, or other specific details of the location*

5. Work Place Violence Type:

6. Provide a detailed description of the incident:

7. Classification of who committed the violence:

*Please select primary classification as based on the situation*

8. Briefly describe the circumstances at the time of the incident

9. Specific incident characteristics:

*Please check all that apply*

Physical Attack

Physical Intimidation

Weapon

Sexual Assault

Verbal Threat

Animal Incident

10. Consequences of the incident:

*Please describe how the incident ended. Be sure to include if law enforcement (police, community service officers, parking enforcement officers) or other campus administration were engaged to end the incident.*

11. List the actions taken to protect employees from further threats or hazards

12. Your Name & Job Title:

13. Your Employee/Student ID#:

14. Preferred Phone Number:

15. Please add any additional information you wish to add:

**With my signature, I affirm that the details given here are accurate and truthful to the best of my knowledge.**

**Signature:\_\_\_\_\_ Date:\_\_\_\_\_**

**Please submit this form via DocuSign with your signature  
and send a copy to [police@sjsu.edu](mailto:police@sjsu.edu)**