

Figure 10.2

Violent incident report form

Sample

The following sample form serves merely as an example of what employers might use or modify in these industries to help prevent workplace violence.

A reportable violent incident should be defined as any threatening remark or overt act of physical violence against a person(s) or property, whether reported or observed.

1. Date and time: _____

2. Assailant

Name: _____

Female Male

Patient Staff Visitor Other, please specify: _____

Unarmed Armed, please specify type of weapon: _____

3. Specific location where incident occurred: _____

4. Violence directed toward: Patient Staff Visitor Other

5. Predisposing factors:

Intoxication Dissatisfied with care/waiting time

Grief reaction Prior history of violence

Gang-related Other, please describe: _____

6. Description of incident: Physical abuse Verbal abuse Other, please specify:

7. Injuries: Yes No

8. Extent of injuries: _____

9. Detailed description of the incident: _____

10. Did any person leave the area because of the incident?

Yes No Unable to determine

11. Present at time of incident:

Police, specify name of department: _____

Hospital security officer

Figure 10.2

Violent incident report form (cont.)**12. Needed to call:**

- Police, specify name of department: _____
 Hospital security

13. Termination of incident:

- Incident diffused Yes No
Police notified Yes No
Assailant arrested Yes No

14. Disposition of assailant:

- Stayed on premises Escorted off premises Left on own Other, please specify:

- 15. Restraints used:** Yes, please specify type: _____ No

16. Report completed by:

Title: _____

Witnesses: _____

Supervisor notified: _____

Time of notification: _____

Please put additional comments, according to numbered section, on reverse side of form.

Source: Adapted from the Metropolitan Chicago Healthcare Council, Guidelines for Dealing with Violence in Health Care, Chicago, 1995. Reprinted with permission.