

**NIAGARA FRONTIER TRANSPORTATION AUTHORITY
WORKPLACE VIOLENCE INCIDENT REPORT FORM**

Date of Incident _____ Time _____ Where Incident Occurred _____

Type of Incident (Check) Assault Robbery Harassment Disorderly Conduct
Threat Sex Offense Other (explain) _____

Victim's Name (if any) _____ Employee Non-Employee

If Employee, Branch/Department _____ Job Title _____

Employee No. _____ Work Phone No. _____

Extent of any injury _____

Type/location of any treatment (e.g., station first aid, ambulance response) _____

If victim is an employee and was injured, an Employee Injury Report Form must be filed.

Was time lost from work? (check) Yes No If yes, list dates lost and who lost time _____

one) Was supervisor notified? (check) Yes No Supervisor's Name _____

Did police respond to incident? (check) Yes No Was police report filed? (check one) Yes No

Name of Police Department and Officer(s) Names & Badge Numbers _____

DESCRIPTION OF INCIDENT

Name(s) of Persons Involved _____ Employee Non-Employee

_____ Employee Non-Employee

Name(s) of Witnesses if any _____ Employee Non-Employee

_____ Employee Non-Employee

Briefly describe the incident _____

Incident disposition: Referred to Police Referred to EAP Verbal Reinstruction
Written Warning Suspension No Action Taken Other (explain) _____

Did the incident involve a weapon? Yes No Please specify _____

Was the violence directed at more than one individual? Yes No Please specify _____

Did you have indication that an incident might occur? Yes No Why? _____

To the best of your knowledge has the assailant been involved in previous incidents? Yes No

When? _____

Print Name of Person Filing Report _____ Signature _____ Date of Report _____

Supervisor's Name _____ Supervisor's Signature _____ Date Reviewed _____