

**PER 18-8 (AEP), Appendix 10-2:
Violent Incident/Threat Report Form**

VIOLENT INCIDENT/THREAT REPORT FORM

Date of Report ___/___/___ Incident Date ___/___/___ Name of Person Reporting _____

Department/Division: _____ Work

Phone: _____

Did you witness the incident? YES NO Other witnesses: Name _____

Phone: _____

Victim Name: _____ Gender: Male Female

Victim Description:

Employee Employee's Department/Division/Job Title: _____

Client Visitor

Location of Incident/Threat _____

Has Supervisor been notified? YES NO

Describe the violent incident or threat:

Was a firearm involved? If yes, describe:

Was a weapon involved? If yes, describe:

Was the victim injured? If yes, describe:

Did victim receive medical attention? If yes, describe:

Suspect Name (if known): _____

Address (if known): _____/Phone (if known): _____.

What was his/her relationship to the victim?

Stranger Co-Worker Personal Relation Supervisor Client/Patient/Customer Other _____

Suspect's gender: Male Female

Description of suspect: Hair Color: _____ Eye Color: _____ Age: _____ Height: _____ Weight: _____

Distinguishing Features: _____ Clothing: _____

Additional Comments:

