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AM-227-1-2

m City of Baltimore Workplace Violence Incident Report

Site Supervisor should complete a Workplace Violence Incident Report form (AM-227-1-2) describing in detail all facts known to the supervisor regarding the incident and attach all witness statements. Submit these documents to the Agency HR officer and the Department Head within 24 hours of the incident, or within 24 hours of gaining knowledge of the incident.

Agency HR Officer should within 24 hours send a copy of the Workplace Violence Incident Summary Sheet and a copy of the Workplace Violence Incident Report to the Department of Human Resources.

1. Complainant's Name:	2. Name of Alleged Offending Party:
Relationship to City:	Relationship to City:
Relationship to #2, if any:	Address:
Work Address:	Daytime Phone:
Daytime Phone:	
Agency:	
Agency Contact & Phone:	Is There On-Site Security? Yes No
Date Reported:	
3. Incident Date:	Time: A. M. P.M.
Description of Events That Preceded and May Have Triggered the Incident:	
4. Please indicate if one or more occurred: Threat Physical Assault, Destruction of Property or OIG notified Description of the Incident (attach another sheet if necessary):	

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5. Description of Alleged Offending Party's (#2) Appearance (Physical and Emotional):

6 Names of Witnesses and Phone Numbers:

_____	_____
-	
_____	_____
-	
_____	_____
-	
_____	_____
-	
_____	_____
-	

7. At the conclusion of the incident, the victim:

- Was Sent to Clinic
- Was Hospitalized
- Returned to Work
- Left Premises
- Unknown
- Other:

8. At the conclusion of the incident, the Alleged Offending Party :

- Was Arrested
- Was Sent to Clinic
- Was Hospitalized
- Removed From Premises
- Other:

9 What Happened To Other Employees Directly Involved, If Any, After the Incident?

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10. Names and Daytime Phone # of Any Supervisory Staff Involved and How They Responded To the Incident?
11. Has this Incident been reported to the Baltimore City Police Department? Yes ___ No ___ If yes, Police Officer's Name and contact information: Report #: _____
12. Is there a known history of aggressive behavior by the Alleged Offending Party Yes ___ No ___ If yes, additional information and dates:
13. If Reporting a Threat, What Steps Have Been Taken to Ensure That The Threat Will Not Be Carried Out?
14. Was the Agency Aware Of and Had On File a Copy Of A Protective/Restraining/No Trespassing Order? ___Yes ___No

Is This information is being provided in response to a promise of confidentiality? ___ Yes ___ No

Are you willing to testify in court or in an administrative hearing concerning this incident?

___Yes ___ No

Signature of Person Completing Form: _____ Date: _____

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FOR DEPARTMENT OF HUMAN RESOURCES USE ONLY

Data Entry

Incident #: _____

Date: _____

Follow-Up Assigned to: ___ Agency

___ Security Incident Status: ___ Monitor: ___ Close: _____

___ Police

___ Property Manager Date & Signature

RELATED DOCUMENTS

[AM 227-1](#) Workplace Violence Policy