## COUNTY OF YOLO

## WORKPLACE VIOLENCE INCIDENT REPORT

Completion of form is required when an incident of violence in the workplace has occurred. Route to Courier No. 66, County Administrator's Office.

DEPARTMENT/DIVISION: LOCATION OF INCIDENT: CONTACT PERSON/PHONE #	
DATE OF INCIDENT:	TIME OF INCIDENT:
DESCRIPTION OF INCIDENT:	
CLICATE CIT	(Additional space on reverse side)
SUSPECT: IDENTIFYING INFORMATION:	COUNTY EMPLOYEE?
Person(s) injured:	
Injury:	
Witness:	Phone #:
Witness:	Phone #:
Supervisor Notified:  Yes  No	Law Enforcement Notified:  Yes  No Agency:
Reporting Employee: Phone #:	Officer's Name:
Date Completed:	Report Taken: