

**Multnomah Education
Service District**

Code: **GBEAAA-AR(2)**
Revised/Reviewed: 11/28/11

MESD Workplace Violence Report Form

All employees have an obligation to report any incidents that pose a risk of harm to employees or others associated with MESD or which threaten the safety, security or financial interests of MESD. Employees who experience or witness any situations that may occur which present a risk of harm to employees and others, including behavior or threatening communication, must immediately report to any of the following individuals: immediate supervisor, department director or superintendent or designee. The Human Resource Services Department will review each Workplace Violence Report Form for accuracy and completeness and will return any form that is insufficiently completed, requiring that it be properly completed and immediately returned.

1. _____
Name of Person Reporting Incident/Threat Phone Number

2. _____
Date of Incident or Threat

3. _____
Location of Incident or Threat

4. _____
Name of Victim or Target of Threat Name of Victim or Target of Threat

- _____
Name of Victim or Target of Threat Name of Victim or Target of Threat

5. _____
Name of Alleged Perpetrator Alleged Perpetrator's Employment Status

6. Describe in detail what happened (use separate sheet of paper if more space is needed):

7. Witness:	Business	Home
_____	_____	_____
Name	Phone Number	Phone Number
_____	_____	_____
Name	Phone Number	Phone Number
_____	_____	_____
Name	Phone Number	Phone Number

8. Did this incident involve the use of physical force? Yes No

If yes, please document what occurred: _____

9. Did the alleged perpetrator make a threat of violence? Yes No

If yes, please explain the threat of violence: _____

10. Were police notified? Yes No
 If yes, time notified: _____ a.m. p.m.
 Did police respond? Yes No
 If yes, time responded: _____ a.m. p.m.
 Police precinct telephone # or 911? _____

 Name of Police Officer and Precinct No.

I agree that all of the information on this form is accurate and true to the best of my knowledge.

 Signature of Person Reporting Incident/Threat

 Date Submitted

 Name of Supervisor Reviewing Report

 Date Received/Reviewed

cc: Department Director
 Human Resource Services Director