

**SOUTHERN CONNECTICUT STATE
UNIVERSITY
HUMAN RESOURCES OFFICE**

WORKPLACE VIOLENCE REPORTING FORM

Name of Person Filing Report:
Telephone:

Date Completed:
Department:

Name of Supervisor Notified:

Date Notified:

Name of Person alleged to be acting violently or making threats:
Date on which this occurred:

Place at which this occurred;

Who or What was threatened?

What was said?

Did physical action accompany the threat?
If yes, describe.

Any weapon used?

Witness (es): Name(s):

Has this happened before?
When and where:

Any other relevant information:

Signature of Reporting Employee:

Date:

Signature of Supervisor Notified (if any):

Date:

FAX this Form to: HR Office at 392-8802
Deliver this Form to: HR Office in the Wintergreen Building.