

**NEW RIVER COMMUNITY COLLEGE  
WORKPLACE VIOLENCE INCIDENT  
INITIAL REPORT**

This report is to be completed immediately following an incidence of violence and should be completed within 24 hours of the incident. The form shall be submitted to the Associate Vice President for Finance and Technology.

Incident Date: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  
Incident Location: \_\_\_\_\_

Type of Incident: ASSAULT, BATTERY, ROBBERY, HARASSMENT, DISORDERLY CONDUCT,  
OTHER (Please Specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Victim Involved (Circle the appropriate response): Administration, Faculty, Staff, Student, Visitor,  
Contract Worker, or Subcontractor, Other (Please Specify): \_\_\_\_\_  
\_\_\_\_\_

Victim's Name: \_\_\_\_\_

Victim's Address: \_\_\_\_\_  
\_\_\_\_\_

Victim's Work Phone: \_\_\_\_\_ Victim's Home Phone: \_\_\_\_\_

Victim's ID Number (SSN or Employee ID): \_\_\_\_\_  
Was the Victim Injured: YES NO  
If yes, please specify injuries: \_\_\_\_\_

Did the victim receive medical attention? YES NO

Did Law Enforcement respond? YES NO  
Attach a copy of the police report

Was the Victim's Supervisor/Instructor notified? YES NO  
Name of Supervisor/Instructor notified: \_\_\_\_\_

Perpetrator (Circle those that apply): INTRUDER, STUDENT, VISITOR, CO-WORKER, FORMER  
EMPLOYEE, SUPERVISOR, FAMILY, FRIEND, OTHER (Please specify): \_\_\_\_\_  
\_\_\_\_\_

Perpetrator Address (if known): \_\_\_\_\_

Witness Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Witness Job Title: \_\_\_\_\_ Work Location: \_\_\_\_\_

Witness Phone Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_  
Witness ID Number (SSN or Employee ID): \_\_\_\_\_

Description of Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Incident Disposition (Circle those that apply): NO ACTION TAKEN, REPRIMAND, WARNING, SUSPENSION, ARREST, OTHER (Please specify): \_\_\_\_\_  
\_\_\_\_\_

Was a weapon involved?	YES	NO
Was the victim alone when the incident occurred?	YES	NO
Has a similar incident occurred? If so, explain: _____	YES	NO

\_\_\_\_\_

Recommendations to the President's staff: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person completing this report: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Report: \_\_\_\_\_

**Forward completed form to Associate Vice President for Finance and Technology**

**NEW RIVER COMMUNITY COLLEGE  
WORKPLACE VIOLENCE INCIDENT  
FINAL REPORT**

This report is to be completed by the Supervisor within 10 work days of the incident and be submitted to members of the President's staff .

Incident Date: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  
Incident Location: \_\_\_\_\_

Type of Incident: ASSAULT, BATTERY, ROBBERY, HARASSMENT, DISORDERLY CONDUCT,  
OTHER (Please Specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Victim Involved (Circle the appropriate response): Administration, Faculty, Staff, Student, Visitor,  
Contract Worker, or Subcontractor, Other (Please Specify): \_\_\_\_\_  
\_\_\_\_\_

Victim's Name: \_\_\_\_\_

Victim's Address: \_\_\_\_\_  
\_\_\_\_\_

Victim's Work Phone: \_\_\_\_\_ Victim's Home Phone: \_\_\_\_\_

Victim's ID Number (SSN or Employee ID): \_\_\_\_\_  
Was the Victim Injured: YES NO  
If yes, please specify injuries: \_\_\_\_\_

Did the victim receive medical attention? YES NO

Did Law Enforcement respond? YES NO  
Attach a copy of the police report

Was the Victim's Supervisor/Instructor notified? YES NO  
Name of Supervisor/Instructor notified: \_\_\_\_\_

Perpetrator (Circle those that apply): INTRUDER, STUDENT, VISITOR, CO-WORKER, FORMER  
EMPLOYEE, SUPERVISOR, FAMILY, FRIEND, OTHER (Please specify): \_\_\_\_\_  
\_\_\_\_\_

Perpetrator Address (if known): \_\_\_\_\_

Witness Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Witness Job Title: \_\_\_\_\_ Work Location: \_\_\_\_\_

Witness Phone Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_  
Witness ID Number (SSN or Employee ID): \_\_\_\_\_

Description of Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Incident Disposition (Circle those that apply): NO ACTION TAKEN, REPRIMAND, WARNING, SUSPENSION, ARREST, OTHER (Please specify): \_\_\_\_\_  
\_\_\_\_\_

Was a weapon involved?	YES	NO
Was the victim alone when the incident occurred?	YES	NO
Has a similar incident occurred? If so, explain: _____	YES	NO

Recommendations to the President's staff: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person completing this report: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Report: \_\_\_\_\_

**Forward completed form to members of the President's staff**