Valley City State University

Harassment / Workplace Violence reporting form

Date of incident:  
Location of incident:  
Time:  

Names of persons involved:  

Description of incident:  

Were there any injuries:  
If yes, describe the injuries:  

How could have the incident have been prevented:  

Witness(es) to the incident:  

Did you inform your supervisor of the incident:  

Additional notes:  

Form completed by:  
Date completed:  

Please send original report to: Human Resources

Note: Copy should be sent to the Safety Officer if there is a reported injury.