

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.