UNIVERSITY OF IDAHO
WORKPLACE VIOLENCE REPORT

Name of Reporting Person:	**Phone:**
Address:	
Status: ☐ Student[1] ☐ Faculty[2] ☐ Staff[2] ☐ Other[3]	
Date and time incident occurred:	Date and time incident reported:
Location of incident:	

Witnesses:	Name	Address	Phone

Persons Interviewed:	Name	Address	Phone

Describe the facts of the incident in detail, including immediate actions taken (use attachments if necessary):

Have there been previous reported incidents? When and reported to whom? Describe previous incident.

Prepared by:		Reviewed by:	
	Name/Title (Please Print)		Name/Title (Please Print)
Signature:		Signature:	
Department:		Department:	Risk Management
Phone:		Phone:	
Date:		Date:	

Form Revised 12/16/03

EMERGENCY: CALL 9-911 if on campus or 911 off campus.

1 - Student: Notify Dean of Students (208) 885-6757.

2 - Faculty or Staff: Contact your supervisor first; if your supervisor is not available, contact the next level administrator; a center dean or manager if the incident occurs at a university outreach location; or Risk Management, (208) 885-7177, if none of the above are available.

3 - Other: Contact Risk Management (208) 885-7177