

**NIAGARA FRONTIER TRANSPORTATION AUTHORITY
WORKPLACE VIOLENCE INCIDENT REPORT FORM**

Date of Incident _____ Time _____ Where Incident Occurred _____

Type of Incident (circle one) Assault Robbery Harassment Disorderly Conduct
Threat Sex Offense Other (explain) _____

Victim's Name (if any) _____ Employee Non-Employee

If Employee, Branch/Department _____ Job Title _____

Employee No. _____ Work Phone No. _____

Extent of any injury _____

Type/location of any treatment (e.g., station first aid, ambulance response) _____

If victim is an employee and was injured, an Employee Injury Report Form must be filed.

Was time lost from work? (circle one) Yes No If yes, list dates lost and who lost time _____

Was supervisor notified? (circle one) Yes No Supervisor's Name _____

Did police respond to incident? (circle one) Yes No Was police report filed? (circle one) Yes No

Name of Police Department and Officer(s) Names & Badge Numbers _____

DESCRIPTION OF INCIDENT

Name(s) of Persons Involved _____ Employee Non-Employee
_____ Employee Non-Employee

Name(s) of Witnesses if any _____ Employee Non-Employee
_____ Employee Non-Employee

Briefly describe the incident _____

Incident disposition (circle all that apply) Referred to Police Referred to EAP Verbal Reinstruction
Written Warning Suspension No Action Taken Other (explain) _____

Did the incident involve a weapon? (circle one) Yes No Please specify _____

Was the violence directed at more than one individual? (circle one) Yes No Please specify _____

Did you have indication that an incident might occur? (circle one) Yes No Why? _____

To the best of your knowledge has the assailant been involved in previous incidents? (circle one) Yes No

When? _____

Print Name of Person Filing Report _____ Signature _____ Date of Report _____

Supervisor's Name _____ Supervisor's Signature _____ Date Reviewed _____

Distribution: Safety Human Resources EAP NFTA Police
Fax completed form to 608-1334