

DEPARTMENT OF PUBLIC SAFETY
WORKPLACE VIOLENCE
VICTIM/WITNESS ACCOUNT FORM

To be completed by victims of witness to alleged workplace violence. Reproduce as needed.

Date of Incident <input style="width: 80%;" type="text"/>	Name <input style="width: 90%;" type="text"/> <input type="checkbox"/> Victim <input type="checkbox"/> Witness	Date of Report <input style="width: 80%;" type="text"/>
Address of witness/victim <input style="width: 95%;" type="text"/>		Phone Number <input style="width: 80%;" type="text"/>

Describe Incident in detail. Include what happened, where, who was involved, what you heard, saw, etc.

List of Names of Other Witnesses

Signature	Date
Person Receiving Witness Statement	Date