Tioga County is committed to providing a work environment free from violence for all employees and visitors. Any employee who experiences a harmful event, becomes aware of one, or receives a threat shall notify their supervisor and then complete a Workplace Violence Incident Form to be sent to the County Attorney's Office. Time is of the essence- **Do not delay reporting an incident because you do not have all the information**. Any additional information can be provided later. Use multiple reports if needed.

Today's Date:	Case Number:
Date of Incident:	Time of Incident:
Date report received by County Attorney's Office:	
County Attorney's Signature:	

Employee (victim) Information

Name:	Extension No.:	
Department:	Title:	
Supervisor:	Supervisor Notified: □Yes □No	
(DSS only: attach a WMS or CMS inquiry screen if available)		

Assailant/Perpetrator Information (complete all that is applicable)

Relationship to Employee (victim): □Co-worker □Supervisor □Client/Customer

□Visitor/Public □Person in Custody □Former Employee □Contractor/Vendor

□Spouse/Partner/Relative □Friend □Other_____

Name and Address of Assailant/Perpetrator (if known): _____

Witness information

Name:	Phone No.:
Name:	Phone No.:

Check the Type of Violence the victim experienced (Levels I, II, III)

Level I Violence (must be reported in 48 hours)		
□Intimidation □Bullying □Verbal Abuse □Swearing □Shouting □Furniture Abuse □Obscene Gestures □Cyber Bullying □Insubordination/Uncooperativeness □ Other:		
Level II Violence (must be reported immediately)		
Psychological Trauma Swore at Directly Obscene Calls/Texts/Messages Being Followed/Stalked Shouted at Directly Suicide Threat Cyber Stalking Advanced Harassment Threats of Assault Other:		
Level III Violence (must be reported immediately)		
ShootingStabbingGrabbingPushingSexual AssaultHomicideArmed AssaultThrowing ObjectsBrandishing a WeaponStriking with an ObjectDestruction of Property		

Detailed Incident Description including what happened immediately prior to the incident and how the incident ended

Release of Dangerous Animal
 Other_____

Extent of injuries (if applicable):		
Did you lose any workdays? □Yes □No	If Yes, how many days?	
Were you offered EAP services? \Box Yes \Box No		
Will you be seeking counseling due to this incident? \Box Yes \Box No \Box Maybe		

Law Enforcement notified:
Yes
No
Was a report filed:
Yes
No

Name of Responding agency: ______ Report No.: _____

Name of Officer: _____ Date/time: _____

Was the assailant/perpetrator arrested: \Box Yes \Box No

What was the immediate action taken?

Suggestions for preventing a similar incident in the future:

Have you had prior negative interactions with the assailant/perpetrator before this		
report? If yes, when was the incident and what safety measures, if needed, were put in		
place:		

How was the incident communicated? (Check one or more)			
□Communicated directly to employee □verbal □email □note □social media			
\Box Communicated to another employee \Box verbal \Box email \Box note \Box social media			
Other (specify)			

Supervisor Notes

Describe the actions Tioga County has or is in the proce incidents:	•
Signature:	_Date:

Completed forms should be emailed to the County Attorney at dewindp@tiogacountyny.gov freyvogelc@tiogacountyny.gov