



CATTARAUGUS COUNTY

Workplace Violence Report Form

Please Circle any/all of the following that apply to this Workplace Violence event or events:

Level 1	Level 2	Level 3
Harassment	Threatened with an Object	Pushing
Shouting	Verbal Threats of Harm/Injury	Grabbing
Obscene Language/Gestures	Obscene or Threatening Calls	Being Hit by an Object
Verbal Abuse	Being Followed or Stalked	Sexual Assault
Bullying		Stabbing
Intimidation		Shooting
False Statements		Homicide

Level 1 events should report the incident to the Department Head within 48 hours of the occurrence.

Level 2 and Level 3 events must be reported immediately.

The Department Head is then responsible for completing and forwarding this form to the Risk Management Division Investigator within the same timeframes.

I attest that the information I have provided is a true and accurate description of my complaint and that I have not willfully or deliberately made false statements. I understand that Cattaraugus County prohibits any individual from retaliating against me for filing a complaint and that I am to notify my Department Head, the Deputy Personnel Officer or the Risk Management Investigator of my concerns regarding retaliation immediately.

EMPLOYEE SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE

DEPARTMENT HEAD SIGNATURE

DATE