WORKPLACE VIOLENCE INTAKE FORM

All DEP employees have a role in preventing workplace violence. Therefore if you have a concern, report or complaint, this form should be completed to the best of your abilities. You may seek assistance in filling out this form from your Supervisor, Bureau Administrator, EHS personal, EEO liaison, or Workplace Violence Prevention Coordinator Persis Luke ((718) 595-5266).
Please return completed form within 7 days following the incident to the Workplace Violence Prevention Coordinator, Persis Luke, Assistant Commissioner, OEHS (wpvconcerns@dep.nyc.gov). Attach complainant/witness statement(s) to this form.

Report prepared by:	Date of Submission to OEHS:
Title:	Telephone:

Date of Incident:	Time:
Address/Location of Incident:	

A. Individuals involved in the incident (Note: If there are multiple employees who are complainant, an incident form must be filled out for each Complainant.

Complainant's Name:	Respondent's Name:
	Relationship to Employee:
Title (if employee):	Title (if employee):
Employee ID Number:	Employee ID Number:
Bureau and Division:	Bureau and Division/Company (Non-DEP Employee):
Phone:	Phone:
Immediate Supervisor:	Immediate Supervisor:

Respondent's Name:	Respondent's Name:
Relationship to Employee:	Relationship to Employee:
Title (if employee):	Title (if employee):
Employee ID Number:	Employee ID Number:
Bureau and Division/Company (Non-DEP Employee):	Bureau and Division/Company (Non-DEP Employee):
Phone:	Phone:
Immediate Supervisor:	Immediate Supervisor:

B. Does this incident involve a sexual assault or an injury to employee's private parts or reproductive system? If yes, Mark here as a PRIVACY CASE ☐

C. Was the Complainant/ Respondent involved in any previous incidents involving the same or other DEP employee(s)?

Complainant:	☐ Yes	☐ No	■ Unknown
Respondent:	☐ Yes	☐ No	☐ Unknown

If Yes, please provide date(s) and a short description:

D. Apparent Reason for Incident (If known; check all that apply):

☐ Personal Conflict	☐ Alcohol/drugs in the workplace
☐ Family/Domestic Dispute	☐ Potential Mental Health Issues
☐ Job-Related Conflict	☐ Related to enforcement action
☐ Related to poor performance review	☐ Related to customer service
☐ Related to disciplinary action	☐ Street crime/general criminal conduct
☐ EEO - related issues	☐ Road rage
☐ Other (specify)	

E. Type of Conduct Engaged in by Respondent (Check all that apply)

Verbal/Written Threat

Communicated directly to Complainant:	☐ Verbal	☐ Written Threat	☐ Mail	☐ Email
Communicated to third party:	☐ Verbal	☐ Written Threat	☐ Mail	☐ Email
☐ Other (specify):				

Repeated Intimidation or Other Threatening Behavior/Activity

☐ Stalking
☐ Engaging in actions intended to frighten, coerce, or induce duress
☐ Engaging in other threatening behavior Explain:
☐ Verbal harassment
☐ Bullying
☐ Showing (but not using) weapon or object intended as a weapon

Assault/Physical Attack

☐ Hitting, fighting, pushing, shoving, tripping, poking or body blocking, throwing, etc.
☐ Use of gun, knife, or other weapon (specify)
☐ Use of object as weapon (specify)
☐ Other (specify)

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F. Was there a physical injury? (Complainant)

☐ Yes ☐ No physical Injury, skip to F

If there was a physical injury, was emergency medical services contacted?

☐ Yes ☐ No

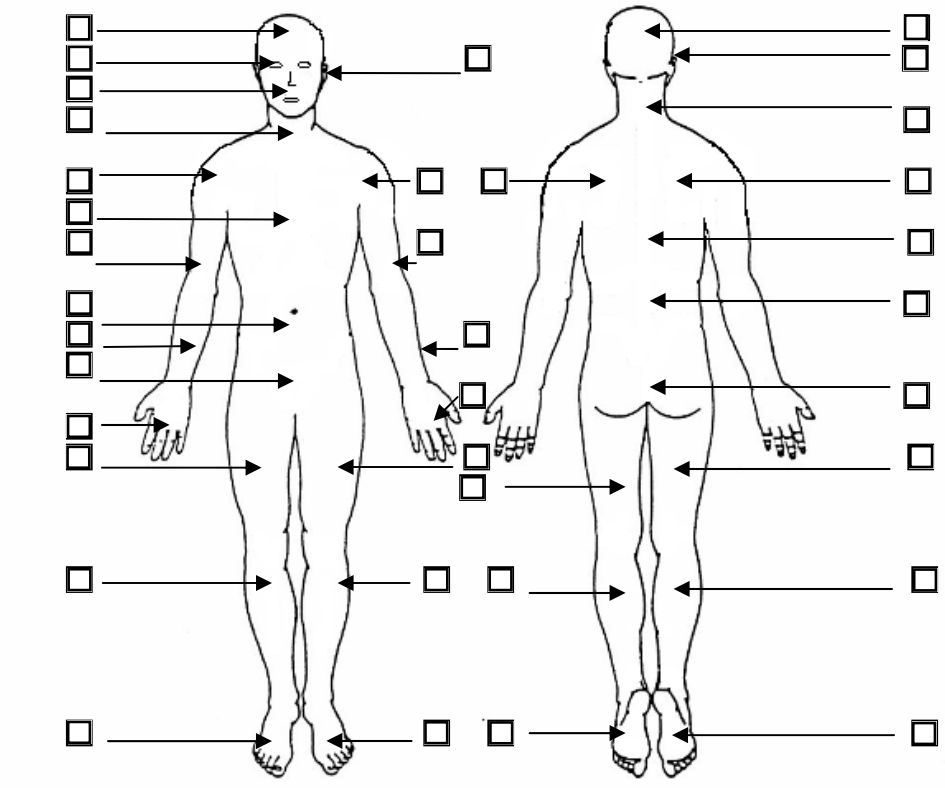
If there was a physical injury, was an injury and illness report completed?

☐ Yes ☐ No

Severity of Injury (check only one)

☐ Slight (medical attention beyond first aid)	☐ Severe (permanent impairment or loss of body part)
☐ Minor (1-7 lost workdays non-hospital)	☐ Critical (total incapacitation or permanent total disability where employee cannot follow any gainful occupation, or loss of use of both hands, feet or eyes, or loss of combination of any listed)
☐ Moderate (8+ lost workdays or admission to hospital for 1-4 days)	
☐ Major (admission to hospital 5+ days; major fracture, unconsciousness > 5 minutes; dislocation of major joints; internal organ injury; burns over 10% body)	☐ Fatal(from work related mishap or complications arising from the mishap)

Indicate approximate location(s) of injury or injuries on the diagrams below.



G. Provide a thorough description of the incident or concern

H. Was any witness(s) present when the incident occurred?

☐ Yes ☐ No (Skip to I)

Witnesses Contact Information:

Name:	Name:
Address/Work Location:	Address/Work Location:
E-mail:	E-mail:
Phone:	Phone:

Name:	Name:
Address/Work Location:	Address/Work Location:
E-mail:	E-mail:
Phone:	Phone:

I. Initial Response (check all that apply)

☐ Situation defused By Whom: How:	☐ Law Enforcement called Time called (Approx) Time responded (Approx) Responding Unit/Name: Badge: Report Number:
☐ Security called Time called Time responded Responding Unit/Name: Badge:	☐ Other (specify)

J. Follow-up notifications (check all that apply)

☐ Workplace Violence Prevention Coordinator Notified OEHS A/C (required)	☐ BPS Notified
☐ EEO Notified	☐ DOI Notified, date of notification:
☐ Bureau Management Notified	☐ Other; specify:

K. Follow-up actions (check all that apply)

☐ Injury and Illness report filled out	☐ Disciplinary action initiated
☐ Workers Compensation Forms filled out	☐ Arrest made/other law enforcement action
☐ Referral to Employee Assistance Program (EAP) or other counseling	☐ Other; specify:

This section is to be completed by OEHS WPV Prevention team:

Case Designation: ☐ Incident ☐ Report ☒ Concern	OEHS Notified by:
OEHS Case Number assigned:	
OEHS Investigator:	