



**CITY OF CHICAGO
VIOLENCE IN THE WORKPLACE INCIDENT REPORT**

Office Use Only

Case Number: -----

This form is to be completed by individuals involved in incidents of violence, as described in the City of Chicago Violence in the Workplace Policy. After completing this form it should be signed and dated and submitted to the Violence in the Workplace liaison for the employee's department.

EMPLOYEE INFORMATION	
First Name:	Last Name:
Job Title:	
Department:	
Phone Number:	
INCIDENT INFORMATION	
Date of Incident:	
Location of Incident:	
WHAT IS YOUR ROLE IN THIS INCIDENT?	
<i>Note: This form should be filled out individually by only one of the following participants: the person complaining ("Complainant"), the alleged perpetrator ("Respondent"), or anyone who witnessed the incident or was identified as a witness ("Witness").</i>	
<input type="checkbox"/> Complainant <input type="checkbox"/> Respondent* <input type="checkbox"/> Witness	
<i>*If you are the Respondent, you have a right to consult with your union representative or legal counsel before completing this form.</i>	
Description of the Incident	
Please describe the incident, and your role in this incident. Provide details, such as descriptions of any injuries or property damage. Print legibly below. <i>Please attach additional pages if needed. Any additional pages should be signed and dated.</i>	
Description of the Incident (continued)	

WITNESS INFORMATION

Please provide the name of anyone who was a witness to this incident.

1.

2.

3.

EMPLOYEE SIGNATURE

NOTE: Under the City's Personnel Rules, you have an obligation to cooperate with the Department of Human Resources and your department in investigations conducted under the Violence in the Workplace policy, and to provide complete and truthful information. Failure to meet these obligations may lead to discipline.

Signature

Date:

Printed Name

**If you are the Respondent, you have a right to consult with your union representative or legal counsel before completing this form.*