



## Stockton Unified School District Workplace Violence Reporting Form

Stockton Unified School District takes maintaining a safe work environment and workplace violence prevention seriously. Without fear of reprisal, employees are to report violent incidents, threats, or other workplace violence concerns to the employer. **In an emergency, call 9-1-1**

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### Person Reporting Incident

- Name: \_\_\_\_\_
- Title/Position: \_\_\_\_\_
- Name of your supervisor: \_\_\_\_\_
- School/Site: \_\_\_\_\_
- Contact Number: \_\_\_\_\_

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### Select the Violence Type (as described in SB553). Check all that apply.

- ☐ **"Type 1 Violence,"** which means workplace violence committed by a person who has no legitimate business at the worksite and includes violent acts by anyone who enters the workplace or approaches workers with the intent to commit a crime.
- ☐ **"Type 2 Violence,"** which means workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors.
- ☐ **"Type 3 Violence,"** which means workplace violence against an employee by a present or former employee, supervisor, or manager.
- ☐ **"Type 4 Violence,"** which means workplace violence committed in the workplace by a person who does not work there but has or is known to have had a personal relationship with an employee.

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### Describe the Threat of Violence. Check all that apply. \*

- ☐ Any verbal or written statement, including, but not limited to, texts, electronic messages, social media messages, or other online posts.
- ☐ Any behavioral or physical conduct, that conveys an intent, or that is reasonably perceived to convey an intent, to cause physical harm, or to place someone in fear of physical harm, and that serves no legitimate purpose.
- ☐ The threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury.
- ☐ An accident involving a threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury.

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### Classification of Who Committed the Violence (Check all that apply) \*

- ☐ Student
- ☐ Family or Acquaintance of Student
- ☐ Current Employee
- ☐ Former Employee
- ☐ Supervisor or Manager
- ☐ Family Acquaintance of Employee or Former Employee
- ☐ Consultant, Vendor or Independent Contractor
- ☐ Stranger / Other



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### Nature of Incident (Check all that apply)

- ☐ Stalking
- ☐ Engaging in actions intended to frighten, coerce, or induce duress
- ☐ Destruction of Property
- ☐ Physical Assault-Hitting, fighting, pushing, or shoving
- ☐ Armed Assault-Use of object as weapon (specify): \_\_\_\_\_
- ☐ Armed Assault-Use of weapon(s) such as gun, knife, etc. (specify): \_\_\_\_\_
- ☐ Verbal Harassment
- ☐ Threats of Physical Violence
- ☐ Animal Attack (specify): \_\_\_\_\_
- ☐ Other (specify): \_\_\_\_\_

### Details About the Incident

- Date of Incident: \_\_\_\_\_
- Approximate Time of Incident: \_\_\_\_\_
- Specific Location of the incident: \_\_\_\_\_

### Detailed Description of the Incident

Signature of Person making the report: \_\_\_\_\_ Date: \_\_\_\_\_

### Supervisor Section:

Check this box if law enforcement was contacted

☐ **YES**, law enforcement was contacted. Which Agency? \_\_\_\_\_

Officer Contact information \_\_\_\_\_

### Response from law enforcement:



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**Victim injury (Check all that apply)**

- ☐ Physical injury-No medical care required
- ☐ Physical medical care required
- ☐ No Physical Injury

**Identify all actions taken to protect employees from a continuing threat of violence or any other hazards identified as a result of this incident.**

**Supervisor Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

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**Additional Supervisor Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

Notes:

**Risk Management Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

Notes: