



Walworth Fire District No. 1
Walworth, New York

INCIDENT REPORT FORM

Victim's Name: _____ Job Title: _____

Victims Address: _____

Victim's Phone Number: _____ Victim's Social Security Number: _____

Employer's Name and Address: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

List type of Incident - assault, robbery, harassment, disorderly conduct, sex offense, terrorist attack, etc.
(see the Workplace Violence Program Document for definitions, if not listed please specify)

Were you injured?

Yes _____ No _____

If yes, please specify your injuries and the location of any treatment:

Did Police respond to incident?

Yes _____ No _____ If yes, what police department? _____

Was a police report filed?

Yes _____ No _____ If yes, police report number: _____

Was the Chief or Incident Commander notified?

Yes _____ No _____ If yes, Chief or Incident Commander name: _____

Describe any action, if any, taken by the Chief or Incident Commander at the time of the incident:

List type of assailant or perpetrator - intruder, resident, patient, visitor, other member, former member or employee, family or friend, other (please specify):

Assailant or perpetrator's name and address (if known):



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Briefly describe the incident:

Incident Disposition - no action taken, arrest, warning, suspension, reprimand, other (please specify):

Did the incident involve a weapon?

Yes _____ No _____ If yes, type of weapon: _____

Were you singled out or was the violence directed at more than one individual?

Were you alone when the incident occurred?

Yes _____ No _____

Did you have any reason to believe that an incident might occur?

Yes _____ No _____

If yes, please specify: _____

Has this type or similar incident(s) happened to you or your coworkers?

Yes _____ No _____

If yes, please specify: _____

Have you had any counseling or support since the incident?

Yes _____ No _____

If yes, please specify: _____

What do you feel can be done in the future to avoid such an incident?

Was the assailant involved in previous incidents?

Yes _____ No _____

Are there measures in place to prevent similar incidents?

Yes _____ No _____

If yes, please specify: _____

Has corrective action been taken?

Yes _____ No _____

If yes, please specify: _____

Comments:
