

Check here if additional documents or police report is attached. Incident Report # _____

Alcorn State University
WORKPLACE VIOLENCE/ PROHIBITED CONDUCT INCIDENT REPORT FORM

Date Reported: _____

Name of Person Making Report: _____

Telephone Number: _____

If anonymous, indicate method of notification:

Telephone call Written Document Other; specify: _____

Name/Location of the affected Department/College: _____

Name of alleged person demonstrating prohibited behavior: _____

Relationship to the Department/College:

Employee Student Visitor Vendor Contractor

Relationship to Victim/Potential Victim (if any): _____

Name of Victim/Potential Victim: _____

Please attach additional sheets if necessary

When (date) and where (physical location) did alleged threat or act of violence/ prohibited behavior occur?

What events occurred immediately prior to the incident?

What was the specific language of the alleged threat/ prohibited behavior?

Provide specific details of the alleged threat or act of violence/ prohibited behavior:

Describe the conduct and appearance of the person demonstrating the alleged threat or prohibited behavior (physically and emotionally):

Names of Witnesses:

#1 _____
#2 _____
#3 _____

Telephone Numbers:

What happened to the person making the threat or demonstrating the alleged prohibited behavior after the incident?

Names of supervisory staff involved and how they responded:

Was Law Enforcement notified?

 Yes No

If yes, what action was taken by Law Enforcement?

No action taken Report Written Suspect escorted from property Suspect arrested

Name of local Law Enforcement Agency: _____

Report Prepared by:

Date: _____

Job Title

Phone No.: _____

Please send this Workplace Violence/Prohibited Conduct Incident Report Form to the Human Resources Department within 2 business days following the incident.

THIS BOX TO BE COMPLETED BY HUMAN RESOURCES

Steps that have been taken to ensure the threat will not be carried out or the act of violence/prohibited conduct repeated:
