**Workplace Violence Prevention Program**

**Violent Threat/Incident Report Form**

This form can be completed by any member of the campus community who experiences or witnesses an act or threat of violence. **University Police should be immediately contacted at ext. 5222 or 911 when an act or threat of violence places anyone in immediate danger.**

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| 1. Name of person making threat or committing an act of violence: | 1. Name of victim/potential victim: |
| 1. Relationship of person identified in #1 to the college and to the person in item #2: | 1. Name and work location of person completing this form: |
| 1. Date and time threat or incident occurred: | 1. Location where threat or incident occurred: |

1. **Describe the threat or incident involving an act of violence or threat of violence.** (Be specific regarding specific language of the threat, specific conduct that substantiates an intention to follow through with a threat, the physical and emotional appearance of the threat maker, a description of the actual violent incident, names of others involved and the actions they took, names of supervisory staff and their response.)
2. **Describe what led up to the incident.** (What happened before the incident occurred, including any history between the people involved.)
3. **Describe how the incident ended.** (Include what happened to the threat maker, the victim, and other people involved or witnessing the incident.)
4. **List any witnesses that observed the incident**:

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| Name | Relationship to College | Phone Number (if known) |
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| Name of person completing this form: | Signature: | Date: |

**Completed forms should be forwarded to :**

**Assistant Vice President for Human Resources at SUNY Geneseo, 219 Erwin Hall, Geneseo, NY 14454 OR**

**Assistant Chief of University Police at SUNY Geneseo, Schrader Hall, Room 19**