

WORKPLACE VIOLENCE SUMMARY REPORT

Date and time threat was received: _____

Date and time threat was made : _____

Who is threatened : _____

Threatened employees's

Address : _____

Phone Number : _____

Date of Birth : _____

Who threatened them : _____

Address (if known) : _____

Phone Number (if known) : _____

Date of Birth (if known) : _____

How was the threat made:

_____ In person

_____ On Village grounds

_____ At home

_____ Telephone

_____ Written

_____ Electronic Media

_____ E-mail

_____ Cell phone

_____ Text Message

_____ Social Media

_____ Other

Detail the threat (if written, attach copy):

Was weapon used? _____yes _____no

If yes, indicate type of weapon: _____

Has this happened before? (When? Same circumstances?)

Is there a known cause?

Who else is involved in making the threat? (Family? Friends?)

What units or employees are known to be at risk?

Location of employees at risk:

_____ In the office

_____ On Call

_____ Out of the office

_____ Home

What was the immediate action taken?

History of the person making the threat (if known):

Police notified:

Dept: _____ Name of Officer: _____

Date: _____ Time: _____

Dept: _____ Name of Officer: _____

Date: _____ Time: _____

Dept: _____ Name of Officer: _____

Date: _____ Time: _____

Who was notified WITHIN the Village of Owego? (If notification was in writing, attach copy)

Who was notified OUTSIDE the Village of Owego? (If notification was in writing, attach copy)

Other actions taken:

Submit to Village of Owego Mayor or Board of Trustees, whichever is applicable

Submitted by: _____ Date _____
Signature of Complainant
Address: _____
Phone Number: _____

Threatened employee requests no action taken: _____yes _____no

Signature of Threatened employee Date

Cc: Department Head
Village of Owego Attorney
Village of Owego Clerk Treasurer