ATTACHMENT 3

VIOLENCE INCIDENT STATEMENT

Note: The contents of this document shall be kept confidential with its contents released only to individuals with a legitimate need to know or unless it becomes public record by virtue of an appeal to a court or other adjudicative body.

VIOLENCE INCIDENT STATEMENT

Place of Incident

Time Incident Ended

Date of Incident

Time Incident Began

Report Completed By:

Name of Person Making Statement		Phone No.	
Title		Work Location	
Detail description of incident answer the questions WHO, WHAT, WHEN, WHERE, HOW, and WHY. (If necessary, continue on plain paper; attach sheets.) Completed statement should be forwarded to appropriate personnel.			

Date: