

# UCONN Health Center Violent Incident Report

\*The UConn Health Center defines a violent incident that requires reporting as: "Any physical assault, threatening behavior, or verbal abuse occurring in the work setting. It includes, but is not limited to, beatings, stabbings, suicides, rapes, near suicides, psychological traumas, such as threats, obscene phone calls, an intimidating presence, and harassment of any nature such as being followed, sworn, or shouted at." If in doubt, please report.

## 1. Background Information

Your name: \_\_\_\_\_, \_\_\_\_\_,  Mr.  Ms.  Dr.  
Last First

Your phone number: (\_\_\_\_) \_\_\_\_\_  work  home  other \_\_\_\_\_

Your status:  UCHC Employee  UCHC Resident  UCHC student  UCHC Volunteer  
 Patient  Visitor  Contractor  
 Other \_\_\_\_\_

Today's Date: \_\_\_\_\_ Incident's Date/Time: \_\_\_\_\_, \_\_\_\_\_  am  pm  
Date Time

If UCHC Employee, Resident, or Student:

Your department/school \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Ext. \_\_\_\_\_

Location of Incident (*circle & fill in all that applies*): off campus on campus outside indoors

Room/Location description: \_\_\_\_\_  
If off campus, address and town/city: \_\_\_\_\_

Were you: Victim? \_\_\_ Yes \_\_\_ No  
If yes, (*circle all that applies*): physical abuse, verbal abuse,  
other (*describe*) \_\_\_\_\_

Injured? \_\_\_ Yes \_\_\_ No (*If injured, describe injury*) \_\_\_\_\_  
Witness? \_\_\_ Yes \_\_\_ No Responder? \_\_\_ Yes \_\_\_ No

## 2. Incident Information

a. Violence directed towards (*circle all that applies*): yourself, patient, staff, student, visitor,  
other \_\_\_\_\_

Name(s) of victim(s) other than yourself, or identifying information on victims

A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_

b. Assailant(s) was (*circle all that applies*): yourself, patient, staff, student, visitor,  
other \_\_\_\_\_

Names(s) of assailant(s) or identifying information

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

c. Was a weapon involved: \_\_\_ Yes \_\_\_ No \_\_\_ Not known

