



**County of Marin**  
**Workplace Security and Safety Incident Investigation**  
**Report Form**

Human Resources Department  
*PMR 26 – Workplace Security, Safety & Violence in the Workplace*

Victim's name: \_\_\_\_\_ Job title: \_\_\_\_\_

Department/section: \_\_\_\_\_

Victim's address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Incident date & time: \_\_\_\_\_

Location: \_\_\_\_\_

Type of incident (e.g.) assault, robbery, verbal or physical threat, disorderly conduct, harassment, other (please specify) \_\_\_\_\_

Was victim/employee injured (circle):            Yes                            No

If yes, please specify nature of injuries and the location of any treatment: \_\_\_\_\_

Please briefly describe the incident: \_\_\_\_\_

Perpetrator: intruder, customer, patient, resident, client, visitor, student, co-worker, former employee, supervisor, family/friend, other, (specify): \_\_\_\_\_

Perpetrator name/address/age (if known): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name(s) of witnesses

Phone number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did local law enforcement respond to incident:                      Yes                      No

What sheriff or police department: \_\_\_\_\_

Police report filed:        :        Yes        No        Report number: \_\_\_\_\_

Was victim's supervisor notified:                      Yes                      No

Supervisor's name: \_\_\_\_\_

What action was taken by employer (specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Incident disposition (circle all that apply): no action taken, arrest, warning, suspension, reprimand, other: \_\_\_\_\_

Did the incident involve a weapon:                      Yes                      No  
Specify \_\_\_\_\_

Did victim/employee lose any work days::                      Yes                      No  
Specify \_\_\_\_\_

\_\_\_\_\_

Was victim singled out or was the violence directed at more than one individual:

\_\_\_\_\_

\_\_\_\_\_

Was victim/employee alone when the incident occurred:                      Yes                      No

Has this type or similar incident(s) happened to employee or co-workers:                      Yes                      No

When \_\_\_\_\_ Specify \_\_\_\_\_

\_\_\_\_\_

What can be done in the future to avoid such an incident? \_\_\_\_\_

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What corrective action has been taken? Specify: \_\_\_\_\_

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Comments: \_\_\_\_\_

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