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 appeal to a court or other adjudicative body.

VIOLENCE INCIDENT STATEMENT			
DATE OF INCIDENT		PLACE OF INCIDENT	
TIME INCIDENT BEGAN		TIMB INCIDENT ENDED	
NAME OF PERSON MAKING STATEMENT		PHONE NO.	
TITLE		WORK LOCATION	
Detail description incident. Answer the questions WHO, WHAT, WHERE, HOW, and WHY. (If necessary, continue on plain paper; attach sheets.) Complete statement should be forwarded to appropriate personnel.			
statement should be lorwarded to appropriate personner.			
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REPORT COMPLETED BY:		D.	ATE: