City of Centennial

WORKPLACE VIOLENCE REPORTING FORM

Person Filing Report:		Date Filed:	
Department:		Phone:	
Names of alleged perpetrator(s) and victim(s):			
Date of event:		Location of event:	
Type of event (check all that apply):	☐ Intimidation ☐ Stalking ☐ Physical Attack ☐ Property Damage ☐ Bullying ☐ Threats ☐ Domestic Violence ☐ Weapon		
Has Security been notified?	☐ YES ☐ NO		
Has Human Resources been notified?	☐ YES ☐ NO		
Has police report been filed? If yes, provide case number?	☐ YES ☐ NO Case Number:		
Who or what was threatened?			
What was said?			
Did physical action accompany any threat? If so, describe.			
What weapons were used, if any?			
Who else was present? Include name, department, and phone number.			
Have similar events happened before? When and where? Were these previously reported?			
Signature of reporting employee:		Date:	
Signature of HR Director:		Date:	

Deliver this form to: City of Centennial – Human Resources Department

Or Fax this form to: Human Resources Department (303) 648-4111