



## WORKPLACE VIOLENCE INCIDENT COMPLAINT FORM

Please complete and return to the Safety & Risk Management Department via e-mail [ehs@sbccd.edu](mailto:ehs@sbccd.edu).

### SECTION I- TO BE COMPLETED BY THE INDIVIDUAL

|  |   |   |
|--|---|---|
| Name   | Phone Number  | E-mail Address  |
| Job Title  | Campus/Department   | Date of the Incident  |
| Location of the Incident   | Complaint Filed Against<br><div style="display: flex; justify-content: space-between;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>First Name</span> <span>Last Name</span> </div> |   |
| Witnesses (if any)   |   |   |
| <b>Type of Incident (check all that apply):</b><br><input type="checkbox"/> Attack with Weapon (e.g., gun, knife, other object)<br><input type="checkbox"/> Threat of Physical Force or Use of Weapon or other Object<br><input type="checkbox"/> Animal Attack<br><input type="checkbox"/> Physical Attack without a Weapon (e.g., biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting)<br><input type="checkbox"/> Sexual Assault or Threat (e.g., rape or attempted rape, physical display, or unwanted verbal or physical sexual contact)<br><input type="checkbox"/> Other (specify): _____ |   | <b>Incident Specifics: (check all that apply):</b><br><input type="checkbox"/> Victim Performing Usual Job Duties<br><input type="checkbox"/> Poor Lighting<br><input type="checkbox"/> Rushed<br><input type="checkbox"/> Working During Low Staffing Level<br><input type="checkbox"/> High Crime Area<br><input type="checkbox"/> Isolated/Alone<br><input type="checkbox"/> Unable to Get Help/Assistance<br><input type="checkbox"/> Working in Student/Visitor Facing Setting<br><input type="checkbox"/> Working in Unfamiliar/New Location<br><input type="checkbox"/> Other (specify): _____ |
| <b>Consequence Specifics (check all that apply):</b><br><input type="checkbox"/> Medical Treatment Provided. Please list any injuries: _____<br><input type="checkbox"/> Assistance Provided to Conclude Incident (detail in incident description)<br><input type="checkbox"/> Security Contacted<br><input type="checkbox"/> Law Enforcement Contacted<br><input type="checkbox"/> Lost Time of Work Hours: _____<br><input type="checkbox"/> Actions Requested to Protect from Continuing Threat (if any): _____<br><input type="checkbox"/> Other: _____  |   |   |
| Clearly describe your complaint, including applicable dates, times, and locations (attach additional sheets as need):  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
| I certify that the information included on this form is true and accurate to the best of my knowledge. I hereby agree to participate in the District's Complaint Procedures process.   |   |   |
| _____  | _____   |   |
| Complainant Signature  | Date  |   |
| <b>PLEASE NOTE:</b> If the alleged conduct may fall within the Title IX definition of Sexual Harassment, including, but not limited to, Sexual Assault, Domestic Violence, Dating Violence, or Stalking, the District's Title IX Coordinator will reach out to the reporting party to gather more information and provide resources. If the alleged conduct is determined to fall within Title IX, the Coordinator will conduct an intake meeting and offer supportive measures. The District's Title IX policy and procedures are accessible <a href="#">here</a> .   |   |   |

**SECTION II- TO BE COMPLETED BY THE RESPONSIBLE DISTRICT REPRESENTATIVE**

Date Complaint Received \_\_\_\_\_

\_\_\_\_\_  
District Representative Name

\_\_\_\_\_  
Date