



**OGEECHEE TECHNICAL COLLEGE  
WORKPLACE VIOLENCE INCIDENT REPORTING FORM**

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Name of Person Making Report:

Date Reported:

Telephone Number:

If anonymous, indicate method of notification:

Telephone call     Written document     Other; specify:

Name/Location of the affected Work Unit/ Technical College :

Name of Alleged Threat Maker/Perpetrator:

Relationship to Ogeechee Technical College:

Employee     Student     Visitor     Vendor     Contractor

Relationship to Victim/Potential Victim (if any):

Name of Victim/Potential Victim:

*Additional information or documents may be attached if necessary*

When (date) and where (physical location) did alleged threat or act of violence occur?

What events occurred immediately prior to the incident?

What was the specific language of the alleged threat?

Provide specific details of the alleged threat or act of violence:

Describe the conduct and appearance of the Threat Maker/Perpetrator (physically and emotionally):

Names of Witnesses:

#1 \_\_\_\_\_  
#2 \_\_\_\_\_  
#3 \_\_\_\_\_

Telephone Numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What happened to the Threat Maker/Perpetrator after the incident?

Names of supervisory staff involved and how they responded:

Steps that have been taken to ensure the threat will not be carried out or act of violence repeated:

Was local Law Enforcement notified?       Yes       No

If yes, what action was taken by Law Enforcement?

No action taken       Report written       Suspect escorted from property       Suspect arrested

Name of local Law Enforcement Agency:

Suggestions for preventing a similar incident in the future:

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Report Prepared  
by: \_\_\_\_\_  
Job Title \_\_\_\_\_

Date: \_\_\_\_\_  
Phone No.: \_\_\_\_\_