



REPORT OF WORKPLACE VIOLENCE

Workplace Violence Policy #: 2-14

(Submit to Human Resources, HR@billingsmt.gov)

Complainant Information

Name: _____

Job Title: _____

Department: _____

Supervisor: _____

Description of Incident: *Provide a detailed description of the incident(s), including date(s), and location(s). Describe in your own words the actions of all involved - attach additional pages if necessary.*

Name(s) of Witnesses:

I understand that Human Resources will conduct an investigation of my report. A report of workplace violence, its investigation, the outcome of the investigation and any action taken relating to a specific employee is confidential. Dissemination of confidential information shall be limited to persons with a need to know in order to conduct an investigation and take appropriate corrective action.

I hereby authorize dissemination of information regarding this report to other persons with a need to know.

I acknowledge that I have read and understand the above statements and certify that all information I have provided is true to the best of my knowledge.

Employee Signature: _____

Date: _____

Submitted to: _____

Date: _____