



GEORGIA DEPARTMENT OF HUMAN SERVICES
Human Resources Policy #110

WORKPLACE ACTS OR THREATS OF VIOLENCE REPORT

DHS will not tolerate acts or threats of violence in the workplace. All acts or threats of violence received, observed or of which employees are informed must be reported immediately. This includes anonymous reports. Please submit this completed form to the Department of Human Services, Office of Human Resources, 2 Peachtree Street NW, 28th floor Atlanta, Georgia 30303.

Name of Person Making Report: _____

Contact Number: _____

Method of notification, if anonymous:

Telephone

Written Submission

Email

Name of the Alleged Perpetrator: _____

The Alleged Perpetrator's Relationship to the Department:

Employee

Customer

Vendor

Name of the Victim: _____

What date did the incident occur? _____

Where did the incident occur? Provide the address and exact site within the location.

What happened immediately prior to the incident?

What was the specific language of the alleged threat and/or what was the violent act?

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Describe the conduct and appearance of the alleged perpetrator both physical and emotional.

Witness Name:	_____	Contact Number:	_____
Witness Name:	_____	Contact Number:	_____
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Witness Name:	_____	Contact Number:	_____

What happened to the alleged perpetrator of the incident?

Provide the names of the supervisory staff involved and how they responded.

What measures were taken to ensure the alleged threat will not be carried out or the act of violence repeated?

Was law enforcement notified? Yes No

If yes, name of law enforcement agency? _____

If yes, what action was taken by law enforcement?

- | | |
|---|---|
| <input type="checkbox"/> No Action Taken | <input type="checkbox"/> Report Written |
| <input type="checkbox"/> Perpetrator Escorted from Property | <input type="checkbox"/> Perpetrator Arrested |

If not, why?

Prepared By:	_____	Date:	_____
Job Title:	_____	Contact Number:	_____