



## Workplace Violence Incident Report

This form is to be completed in the event of any incident of violence that takes place between individuals who are associated with KACL, within the capacity of KACL businesses or interactions. This may include threats of violence and physical violence.

Please complete this report and forward it in a sealed envelope marked PRIVATE AND CONFIDENTIAL to your Manager with a copy addressed to Human Resources at Central Office. A formal confidential investigation will be initiated upon receipt of the completed/signed report. Please be assured that all reports of workplace violence will be treated as confidential and will only be discussed with necessary parties.

KACL takes very seriously every complaint of workplace violence. A person making a complaint is encouraged to provide as much information and detail as he or she is able in order to assist us handling the complaint appropriately.

Frivolous or vexatious complaints may be subject to discipline.

Name of Complainant: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location \_\_\_\_\_

Person(s) accused of perpetrating a violent incident, making threats of violence (respondent(s)):

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

Nature of the allegation(s): \_\_\_\_\_

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

Name(s) of any Witness(es): \_\_\_\_\_  
\_\_\_\_\_

Description of the respective role(s) played by any witness in the incident:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Impact of this incident on the Complainant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations (if any):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reported By: (Please Print): \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

Report Received by: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Chief Executive Officer: \_\_\_\_\_