

**North Carolina Department of Transportation  
Workplace Violence Incident Report**

**Division/Unit:** \_\_\_\_\_

**Work County:** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_

---

**TYPE OF INCIDENT:** (Check one or more)

**Threat:**

- |  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> Communicated directly to victim | <input type="checkbox"/> Verbal |
| <input type="checkbox"/> Communicated to another person  | <input type="checkbox"/> Mail   |
| <input type="checkbox"/> Other (Specify) _____           | <input type="checkbox"/> Note   |
| _____  | <input type="checkbox"/> E-Mail |

**Intimidation:**

- Stalking
- Engaging in actions intended to frighten, coerce, or induce duress
- Other (Specify) \_\_\_\_\_

**Physical Attack:**

- Hitting, fighting, pushing, or shoving
- Use of object as weapon
- Use of weapon such a gun, knife, etc.
- Other (Specify) \_\_\_\_\_

**Property Damage:**

- Damage to State property
- Damage to personal property
- Other (Specify) \_\_\_\_\_

---

**VICTIM(S) INFORMATION:**

**Total number of victim(s):** \_\_\_\_\_

**Name and Job Title of victim(s):** \_\_\_\_\_

\_\_\_\_\_



