

UCONN Health Center Violent Incident Report

*The UConn Health Center defines a violent incident that requires reporting as "Any threatening remark or overt act of physical violence against a person(s) or property whether reported or observed". If in doubt, please report.

1. Background Information

Your name: _____, _____, Mr. Ms. Dr.
Last First

Your phone number: (____) _____ work home other _____

Your status: UCHC Employee UCHC Resident UCHC student UCHC Volunteer
 CMHC Employee Patient Visitor Contractor
 Other _____

Today's Date: _____ Incident's Date/Time: _____, _____ am pm
Date Time

If UCHC Employee, Resident, or Student:

Work location _____
Supervisor's Name _____ Ext. _____

Specific location of Incident

Room/Location description: _____
If off campus, address and town/city: _____

Were you: Victim? ___ Yes ___ No
If yes, (circle all that applies): physical abuse, verbal abuse,
other (describe) _____

Injured? ___ Yes ___ No (If injured, describe injury) _____
Witness? ___ Yes ___ No Responder? ___ Yes ___ No

2. Incident Information

a. At or during the incident, assisting or present, were (circle):
UCHC Police UCHC Supervisor _____ Others _____

Name(s) of other witnesses:

b. Violence directed towards (circle all that applies): yourself, patient, staff, student, visitor,
other _____

Name(s) of victim(s) other than yourself, or identifying information on victims

A. _____
B. _____
C. _____

3. Your detailed description of incident (or other information):

Your Signature

Please deliver to the UCHC Public Safety Office (LG-041) or UCHC Police Dispatcher (LG-044). Also, notify and provide your supervisor with a copy of this completed form. Injured UCHC employees must also complete a report of occupational injury and illness at Public Safety. If a patient is involved with the incident, a Hospital or UMG staff member must be advised to be sure a PSN report is completed and submitted.