ATTACHMENT 3
VIOLENCE INCIDENT STATEMENT

NOTE: The contents of this document shall be kept confidential with its contents released only to individuals with a legitimate need to know or unless it becomes public record by virtue of an appeal to a court or other adjudicative body.

VIOLENCE INDCIDENT STATEMENT			
Date of Incident		**Place of Incident**	
Time Incident Began		**Time Incident Ended**	
Name of Person Making Statement		**Phone No.**	
Title		**Work Location**	
Detail description of incident. Answer the questions WHO, WHAT, WHEN, WHERE, HOW, and WHY. (If necessary, continue on plain paper: attach sheets.) Conpleted statement should be forwarded to appropriate personnel.			
Report Completed By:		**Date**	

(Please Print)

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(Signature)