





## TABLE OF CONTENTS

## PURPOSE AND AUTHORITY

1. PERSON (S) RESPONSIBLE FOR

## 2 PROCEDURES FOR INVOLVING

### 3 WPP IMPLEMENTATION & COORDINATION





## 5 PROCEDURES TO ENSURE EMPLOYEES COMPLY WITH THE WVPP

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Disciplinary Action

## 6 EMPLOYEE COMMUNICATION



WORKPLACE VIOLENCE REPORTING FORM

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At Workplace, Indoors (Please Include Bldg. Name/Room No.)	<ul style="list-style-type: none"> <li>• At Workplace, Outdoors (Please Specify)</li> </ul>	<ul style="list-style-type: none"> <li>• Other Area (Please Explain)</li> </ul>
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- |   |
|---|
| <input type="checkbox"/> Physical Attack – no weapon/object   |
| <input type="checkbox"/> Physical Attack – with weapon/object   |
| <input type="checkbox"/> Threat of physical force and/or threat of use of a weapon/object   |
| <input type="checkbox"/> Physical Assault - Hitting, fighting, pushing, or shoving  |
| <input type="checkbox"/> Sexual assault/threat (incl. rape, attempted rape, physical display, or unwanted verbal/physical sexual contact) |
| <input type="checkbox"/> Bullying/Intimidation  |
| <input type="checkbox"/> Other (specify)  |
- 

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



*Include what happened, where, who was involved, what was heard, seen, etc. Also include the circumstances at time of incident (i.e.: was the employee completing usual job duties, was the area poorly lit, was the work being rushed, was the employee working during a low staffing level, was the employee isolated/aal*

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## 7. RESPONDING TO WORKPLACE VIOLENCE EMERGENCIES

c)

## 8 EMPLOYEE TRAINING

## 9. HAZARD

## 10 HAZARD CORRECTION

i.

## 11. RECORDKEEPING

