WORKPLACE VIOLENCE

Employee Risk Assessment Questionnaire

**Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Have you experienced verbal abuse (swearing, insults, teasing, or bullying) while an employee at this Company?** | * **Yes** * **No** |
| --- | --- |
| **If yes, did you report the incident(s)?** | * **Yes** * **No** |
| **How did you report the incident(s)?** | * **Orally** * **In Writing** |
| **What was the relationship of the abuser to you?** | * **Co-Worker** * **Customer** * **Member of the Public** * **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Have you experienced verbal or written threats (e.g.,“If you don’t get off my back, you’ll regret it.”) while an employee at this Company?** | * **Yes** * **No** |
| **If yes, did you report the incident(s)?** | * **Yes** * **No** |
| **How did you report the incident(s)?** | * **Orally** * **In Writing** |
| **What was the relationship of the abuser to you?** | * **Co-Worker** * **Customer** * **Member of the Public** * **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Have you been threatened with physical harm (e.g., someone shaking a fist, throwing objects, committing vandalism) while an employee at this Company?** | * **Yes** * **No** |
| **If yes, did you report the incident(s)?** | * **Yes** * **No** |
| **How did you report the incident(s)?** | * **Orally** * **In Writing** |
| **What was the relationship of the abuser to you?** | * **Co-Worker** * **Customer** * **Member of the Public** * **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Have you experienced a physical assault or attack while an employee at this Company?** | * **Yes** * **No** |
| **If yes, did you report the incident(s)?** | * **Yes** * **No** |
| **How did you report the incident(s)?** | * **Orally** * **In Writing** |
| **What is the relationship of the abuser to you?** | * **Co-Worker** * **Customer** * **Member of the Public** * **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Do you ever:** | |
| **Work alone or with a small number of co-workers?** | * **Yes** * **No** |
| **Work in a community-based setting?** | * **Yes** * **No** |
| **Work late at night or early in the morning** | * **Yes** * **No** |
| **Are you concerned about violence on the job?** | * **Yes** * **No** |
| **If yes, what is your concern?:** | |
| **Do you believe that violence in your workplace is** | * **High Risk** * **Medium Risk** * **Low Risk** |