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**
 |