

Employee Abuse Report Form

This document is to be filled out by an employee reporting abuse at the workplace. You can customize this template with your company name and logo and any additional information you'd like to collect. It is for example purposes only and neither YWCA Hamilton, nor WPH will be liable to you for any damages, direct or indirect arising from the use of this template.

Description of the event:	
Your Name:	Your Position:
Date:	Project/Location:
Name(s) of Supervisor(s):	Date and Time of Incident:
Respondent's Name (Who the incident was reported to):	Location of Incident:
1. Which type of abuse are you reporting? Circle the options that apply: Physical Verbal Emotional Other:	
2. Have you reported the incident (s) verbally to a supervisor? Circle one: Yes or No	
3. What was the relationship of the abuser to you? Circle the options that apply: Co-Worker Client/Customer Member of Public Other (please specify)	
4. Where did the abuse occur? (e.g.: on construction site, in parking lot) Write your answers in the space provided below:	
5. Did you miss any time from work as a result of the violence or harassment? Circle one: Yes or No	
6. If yes, please indicate the length of absence from work. (# of days/weeks/months)	
7. Do you (circle one): a. Work alone or with a small number of co-workers? Yes or No b. Work late at night or early in the morning? Yes or No c. Are you concerned about your safety on the job? Yes or No	
Please provide any additional comments:	