

**GEAUGA COUNTY
CRITICAL INCIDENT REPORT
VIOLENCE IN THE WORKPLACE POLICY**

Date of Alleged Incident: _____

Location of Alleged Incident: _____

Stage of Violence Represented: _____

Name of the Offender: _____

Other(s) Involved, If Any _____

Names of Witnesses, If Any: _____

Please provide a description of incident causing this report to be filed:

Signature of Complainant

Complaint Date of

Name of Complainant - Please Print

Signature of County Representative

Date of Receipt

NOTE: If formal disciplinary steps are taken against an employee, a copy of this report is to be sent to the County Risk Manager.