

UCONN Health Center Violent Incident Report

*The UConn Health Center defines a violent incident that requires reporting as "Any threatening remark or overt act of physical violence against a person(s) or property whether reported or observed". If in doubt, please report.

1. Background Information

Your name: _____, _____, Mr. Ms. Dr.
Last First

Your phone number: (____) _____ work home other _____

Your status: UCHC Employee UCHC Resident UCHC student UCHC Volunteer
 Patient Visitor Contractor
 Other _____

Today's Date: _____ Incident's Date/Time: _____, _____ am pm
Date Time

If UCHC Employee, Resident, or Student:

Your department/school _____
Supervisor's Name _____ Ext. _____

Location of Incident (*circle & fill in all that applies*): off campus on campus outside indoors

Room/Location description: _____
If off campus, address and town/city: _____

Were you: Victim? ___ Yes ___ No
If yes, (*circle all that applies*): physical abuse, verbal abuse,
other (*describe*) _____

Injured? ___ Yes ___ No (*If injured, describe injury*) _____
Witness? ___ Yes ___ No Responder? ___ Yes ___ No

2. Incident Information

a. Violence directed towards (*circle all that applies*): yourself, patient, staff, student, visitor,
other _____

Name(s) of victim(s) other than yourself, or identifying information on victims

A. _____
B. _____
C. _____

b. Assailant(s) was (*circle all that applies*): yourself, patient, staff, student, visitor,
other _____

Names(s) of assailants(s) or identifying information

1. _____
2. _____
3. _____

c. Was a weapon involved: Yes No Not known

If yes, (please provide more information): _____

Weapon was (circle): gun knife other _____

Weapon use (circle): occurred was threatened

d. Incident best described as (circle all that applies): verbal abuse, pushing/shoving, fighting, physical abuse, threats, injuries, other _____

If injuries, explain extent of injuries: _____

Duration of incident (minutes) _____

e. Predisposing factors (check all that applies):

Intoxication Dissatisfied with care/waiting time

Grief reaction Prior history of violence

Gang related Employment related

Other (describe) _____

f. At or during the incident, assisting or present, were (circle):

UCHC Police UCHC Supervisor Others _____

Name(s) of other witnesses or identifying information:

g. Termination of incident:

Incident diffused Yes No

Police notified Yes No

Assailant arrested Yes No

Disposition of assailant:

Stayed on premises

Escorted off premises

Left on own

Other _____

Restraints used: Yes or No

If used, by:

Clinical staff Police

Type of restraints _____

3. Your detailed description of incident (or other information):

Your Signature