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:	Last	5	First	, 🛛 Mr. 🗇 Ms. 🗇 Dr.	
Your phone num	ber: ()	🗖 work	□ home □ other	r	
Your status:	Patient DVisit	tor	Contractor		
Today's Date:	Incident's Da	ate/Time:	, DataTir	□ am □ pm	
If UCHC Employee, Resident, or Student:					
Your department/school Ext					
Location of Incident (circle & fill in all that applies): off campus on campus outside indoors					
Room/Location description:					
Were you: Victim? Yes No If yes, (<i>circle all that applies</i>): physical abuse, verbal abuse, other (<i>describe</i>)					
Injured? Yes No (<i>If injured, describe injury</i>) Witness? Yes No Responder? Yes No					
2. Incident Information					
- ()	· ·		•	ff, student, visitor,	
Name(s) of vi A B	ctim(s) other than yourself, or	identifying ir	formation on victin	ns	
		-			
Names(s) of a 1 2	assailants(s) or identifying info	ormation			
	Your name: Your phone numb Your status: Today's Date: If UCHC Employe Your department/ Supervisor's Nam Location of Incide Room/Location d If off campus, add Were you: If yes, (<i>circle all tu</i> other (<i>describe</i>) Myitness? Y Witness? Y Incident Informa a. Violence direct other Name(s) of vi A B C Names(s) of a 1	Your name:Last Your phone number: () Your status:UCHC EmployeeUCH PatientVisi Other Today's Date:Incident's Date: If UCHC Employee, Resident, or Student: Your department/school Supervisor's Name Location of Incident (<i>circle & fill in all that applie</i> Supervisor's Name Location of Incident (<i>circle & fill in all that applie</i> Room/Location description: If off campus, address and town/city: Were you: Victim?YesNo If yes, (<i>circle all that applies</i>):physical abus other (<i>describe</i>) Injured?YesNo (<i>If injured, descri</i> Witness?YesNo Incident Information a. Violence directed towards (<i>circle all that applies</i>) mame(s) of victim(s) other than yourself, or A Name(s) of victim(s) other than yourself, or A b. Assailant(s) was (<i>circle all that applies</i>): yo other Names(s) of assailants(s) or identifying infor 1	Your name:	Your name:	

C.	Was a weapon involved: Yes No Not known
	If yes, (<i>please provide more information</i>): Weapon was (<i>circle</i>): gun knife other Weapon use (<i>circle</i>): occurred was threatened
<u>d.</u>	Incident best described as (<i>circle all that applies</i>): verbal abuse, pushing/shoving, fighting, physical abuse, threats, injuries, other
	If injuries, explain extent of injuries: Duration of incident (<i>minutes</i>)
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 (<i>circle</i>): 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: Restraints used: Yes or No Stayed on premises If used, by: Escorted off premises Clinical staff Police Left on own Type of restraints Other Police
3. Y	our detailed description of incident (or other information):

Your Signature

Please deliver to the UCHC Public Safety Office (LG-041) or UCHC Police Dispatcher (LG-044). Also, notify and provide your supervisor with a copy of this completed form. Injured UCHC employees must also complete a report of occupational injury and illness at Public Safety. If a patient is involved with the incident, make sure that the UC Health System RIR report is completed and submitted.