Eastern Michigan University WORKPLACE VIOLENCE/ PROHIBITED CONDUCT INCIDENT REPORT FORM		
	Date Reported:	
Name of Person Making Report:	Telephone Number:	
If anonymous, indicate method of notification:		
Telephone call Written document	Other; specify:	
Name/Location of the affected Department / College	:	
Name of alleged person demonstrating prohibited behavior:		
Relationship to the Department/ College:		
Employee Student Visitor	☐ Vendor ☐ Contractor	
Relationship to Victim/Potential Victim (if any):		
Name of Victim/Potential Victim:		
Name of Victim/Potential Victim: Please attach		
Name of Victim/Potential Victim: Please attach	additional sheets if necessary ed threat or act of violence/ prohibited behavior occur?	

Describe the conduct and appearance of the person demonstrating the alleged threat or prohibited behavior (physically a emotionally):		
Names of Witnesses: #1 #2 #3	Telephone Numbers:	
What happened to the person making the threat or demonstrat	ing the alleged prohibited behavior after the incident?	
Names of supervisory staff involved and how they responded:	:	
Was Law Enforcement notified? Yes If yes, what action was taken by Law Enforcement? No action taken Report written Suspect	No escorted from property Suspect arrested	
Name of level Law Enfancement Assume		
Report Prepared by:	Date:	
Job Title	Phone No.:	
Please send this Workplace Violence/Prohibited Conduct In Department (send to Staff HR for staff, graduate assistants of lecturer employees)		
THIS BOX TO BE COMPLETE	ED BY HUMAN RESOURCES	
Steps that have been taken to ensure the threat will not be carrie	ed out or the act of violence/prohibited conduct repeated:	