

**Louisiana Department of Public Safety and Corrections
Office of Juvenile Justice
Workplace Violence/Domestic Violence Incident Report**

When a workplace violence or domestic violence complaint is initiated, a written report of the alleged incident is required by policy.

Name of Person Making Statement (print): _____

Title: _____

Budget Unit/Section/Work Location: _____

Date of Incident: _____ Location of Incident: _____

Incident Duration: _____ a.m. to _____ a.m.

Names of Parties Involved:

Witnesses:

DETAILED DESCRIPTION OF INCIDENT (If necessary, attach additional sheets)

Signature of Person Making Statement

Date

Signature of Supervisor

Date

Signature of Budget Unit Head

Date

Signature of EEO Officer (Domestic violence incident only)

Date

Signature of PSS HR Director (Workplace violence incident only)

Date

Disposition of the Case:

NOTE: The contents of this statement will be kept confidential. Its contents will be released only to individuals with a legitimate need to know or if it becomes public record by virtue of an appeal to a court or other adjudicative body.