

**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)

