



### UNAP Workplace Violence Reporting Form

UNAP - United Nurses & Allied Professionals - 375 Branch Avenue – Providence – Rhode Island – 02904  
Phone 401-831-3647 Fax 401-831-3677

A reportable violent incident is any threatening remark or overt act of physical violence against a person(s) or property. Do not include a patient's name or any health information that may compromise a patient's right a patient's right to privacy.

1. Member's Name: \_\_\_\_\_
2. Facility name: \_\_\_\_\_ Incident report filed with hospital:  yes  no
3. Date & Time of incident: \_\_\_\_\_
4. Specific location of incident (ex.; hallway, pt. room, garage, etc.) \_\_\_\_\_
5. Type of Unit (ex.; emergency room, ICU, med-surg, etc.): \_\_\_\_\_
6. Violence directed toward:  patient  staff  visitor  other  
Assailant:  patient  staff  visitor  other  
Assailant:  unarmed  armed specify weapon \_\_\_\_\_  
Assailant Gender: \_\_\_\_\_
7. Predisposing factors (check all that apply):  short staffing  drug/alcohol use  dissatisfied with care/waiting time  grief reaction  prior history of violence  gang related  other(describe) \_\_\_\_\_
8. Description of incident (check all that apply):  physical abuse  verbal abuse  sexual abuse  other (describe) \_\_\_\_\_
9. Injuries:  no  yes(describe) \_\_\_\_\_
10. Were there witnesses?  yes  no
11. Were you able to get help and get to a safe area?  yes  no
12. Were you relieved of your assignment?  yes  no
13. Notifications: Supervisor  yes  no Hospital Security  yes  no Police  yes  no UNAP staff officer  yes  no
14. Disposition of assailant:  stayed on premises  escorted from premises  left on own  other (describe) \_\_\_\_\_
15. What measures do you think could be taken to prevent further incidents of this type? \_\_\_\_\_
16. Would you like someone from your local UNAP staff to contact you?  yes  no  
If yes, please provide a non-work email and/or phone number where you can be reached \_\_\_\_\_

Complete and fax form to UNAP at 401-831-3677