

**Santa Barbara County Schools - Self-Insured Program for Employees (SIPE)  
Violence Incident Report**

*SIPE Form 7-333 Revised 6/2024*

**This form must be used for every workplace violence incident that occurs in the workplace. At a minimum, it will include the information required by LC section 6401.9(d).**

<b>Employee Name:</b>	<b>Job Title:</b>
<b>District Name/Site:</b>	<b>Location(s) of Incident:</b>
<b>Date Incident Occurred:</b>	<b>Time Incident Occurred:</b>
<p><b>If Workplace Violence Incident, check OSHA defined type:</b></p> <p><input type="checkbox"/> <b>Type 1 Violence:</b> Workplace violence committed by a person who has no legitimate business at the worksite and includes violent acts by anyone who enters the workplace or approaches employees with the intent to commit a crime.</p> <p><input type="checkbox"/> <b>Type 2 Violence:</b> Workplace violence directed at employees by customers, clients, patients, <b>students</b>, inmates or visitors.</p> <p><input type="checkbox"/> <b>Type 3 Violence:</b> Workplace violence against an employee by a present or former employee, supervisor, or manager.</p> <p><input type="checkbox"/> <b>Type 4 Violence:</b> Workplace violence committed in the workplace by a person who does not work there but has or is known to have had a personal relationship with an employee.</p>	
<p><b>Check which of the following describes the type(s) of incident:</b></p> <p><input type="checkbox"/> Physical attack without a weapon, including, but not limited to, biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting.</p> <p><input type="checkbox"/> Attack with a weapon or object, including, but no limited to, a firearm, knife, or other object.</p> <p><input type="checkbox"/> Threat of physical force or threat of the use of a weapon or other object.</p> <p><input type="checkbox"/> Sexual assault or threat, including but not limited to, rape, attempted rape, physical display, or unwanted verbal or physical sexual contact.</p> <p><input type="checkbox"/> Animal attack.</p>	
<p>Provide a detailed description of the incident and any additional information on the violence incident type and what it included. Continue on a separate sheet of paper if necessary.</p>	
<p>Workplace violence committed by [For confidentiality, only include the classification of who committed the violence, including whether the perpetrator was a client or customer, family or friend of a client or customer, stranger with criminal intent, coworker, supervisor or manager, partner or spouse, parent or relative, or other perpetrator].</p>	

Circumstances at the time of the incident [Write/type what was happening at the time of the incident, including but not limited to, whether the employee was completing usual job duties, working in poorly lit areas, rushed, working during a low staffing level, isolated or alone, unable to get help or assistance, working in a community setting, or working in an unfamiliar or new location.]

Was Law Enforcement contacted: Yes No

If so, what was the response?

Actions taken to protect employees from a continuing threat or from any other hazards identified as a result of the incident. [Include information on what the consequences of the incident were].

Were there any injuries: Yes No

If yes, please explain [Indicate here if there were any injuries. If so, provide a description of the injuries].

Were emergency medical responder other than law enforcement contacted, such as fire department, paramedics, on-site first aid certified personnel: Yes No

If yes, please explain:

Did the severity of the injuries require reporting to Cal/OSHA: Yes No

If yes, document the date and time this was done, along with names of the Cal/OSHA representative contacted.

This violence incident form was completed by:

Signature:

Date:

**Safety Committee Review/ Safety Director Signature:**

**Date:**