

# Workplace Violence Incident Case Number Assignment Form

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Health facilities may use this form to document the identities of individuals involved in a workplace violence incident. The case number should be used in the Violent Incident Log, on the "Documentation of Investigation of Workplace Violence Incident" form (WVP Form 1-B), and in other documentation to protect the privacy of the individuals involved.

Workplace Violence Incident Case Number: \_\_\_\_\_

Date and time of incident: \_\_\_\_\_ AM/PM

Location of incident: \_\_\_\_\_

Individuals involved:

Employee #1: \_\_\_\_\_

Employee #2: \_\_\_\_\_

Employee #3: \_\_\_\_\_

Patient A: \_\_\_\_\_

Patient B: \_\_\_\_\_

Other person #1: \_\_\_\_\_

Other person #2: \_\_\_\_\_

This form must be retained for at least five years.

