



WORKPLACE VIOLENCE EMPLOYEE RISK ASSESSMENT QUESTIONNAIRE

Name: _____ Title: _____

Department: _____

Date Completed: _____

1. Have you experienced verbal abuse (swearing, insults, teasing, or bullying) while an employee of this company? yes no

If yes, did you report the incident(s)? yes no

If yes, did you report the incident(s) orally? in writing?

What was the relationship of the abuser to you?

co-worker client/customer member of the public other (describe)

2. Have you experienced verbal or written threats (e.g., "If you don't get off my back, you'll regret it.") while an employee of this company? yes no

If yes, did you report the incident(s)? yes no

If yes, did you report the incident(s) orally? in writing?

What was the relationship of the abuser to you?

co-worker client/customer member of the public other (describe)

3. Have you been threatened with physical harm (e.g., someone shaking a fist, throwing objects, committing vandalism) while an employee of this company? yes no

If yes, did you report the incident(s)? yes no

If yes, did you report the incident(s) orally? in writing?

What was the relationship of the abuser to you?

co-worker client/customer member of the public other (describe)

4. Have you experienced a physical assault or attack while an employee of this company? yes no

If yes, did you report the incident(s)? yes no

If yes, did you report the incident(s) orally? in writing?

What was the relationship of the abuser to you?

co-worker client/customer member of the public other (describe)

5. Do you ever: yes no

- Work alone or with a small number of co-workers? yes no
- Work in a community-based setting? yes no
- Work late at night or early in the morning? yes no

6. Are you concerned about violence on the job? yes no
What is the source of your concern? _____

7. Do you believe that violence in your workplace is a high risk medium risk low risk?