

EMPLOYEE VIOLENCE RISK ASSESSMENT QUESTIONNAIRE

Name: _____ Date Completed: _____

	YES	NO
1. Have you experienced verbal abuse (e.g., swearing, insults, teasing, or bullying) while an employee of this company?		
If yes , did you report the incident(s)?		
If yes , how did you report the incident(s) <input type="checkbox"/> orally? <input type="checkbox"/> in writing?		
What was the relationship of the abuser to you? <input type="checkbox"/> co-worker <input type="checkbox"/> client/customer <input type="checkbox"/> member of the public <input type="checkbox"/> 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?		
If yes , did you report the incident(s)?		
If yes , how did you report the incident(s)? <input type="checkbox"/> orally? <input type="checkbox"/> in writing?		
What was the relationship of the abuser to you? <input type="checkbox"/> co-worker <input type="checkbox"/> client/customer <input type="checkbox"/> member of the public <input type="checkbox"/> 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?		
If yes , did you report the incident(s)?		
If yes , how did you report the incident(s)? <input type="checkbox"/> orally? <input type="checkbox"/> in writing?		
What was the relationship of the abuser to you? <input type="checkbox"/> co-worker <input type="checkbox"/> client/customer <input type="checkbox"/> member of the public <input type="checkbox"/> other (describe) _____		

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	YES	NO
4. Have you experienced a physical assault or attack while an employee of this company?		
If yes , did you report the incident(s)?		
If yes , how did you report the incident(s)? <input type="checkbox"/> orally? <input type="checkbox"/> in writing?		
What was the relationship of the abuser to you?		
<input type="checkbox"/> co-worker <input type="checkbox"/> client/customer <input type="checkbox"/> member of the public		
<input type="checkbox"/> other (describe) _____		
5. Do you ever:		
work alone or with a small number of co-workers?		
work in a community-based setting?		
work late at night or early in the morning?		
6. Are you concerned about work rage on the job?		
What is the source of your concern?		

7. Do you believe that work rage in your workplace is a		
<input type="checkbox"/> high risk? <input type="checkbox"/> medium risk? <input type="checkbox"/> low risk?		

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