Workplace Safety & Prevention Services®

INFORMATION

EMPLOYEE RISK ASSESSMENT QUESTIONNAIRE

Workplace Violence

Name: _____ **Title:** _____

Manager's Name: _____ **Company:** _____

Date Completed: _____

1.	Have you experienced verbal abuse (e.g., 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**, how 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**, how 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**, how 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) _____		

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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**, how 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:		
	– 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 work rage on the job?	❑ yes	❑ no
	What is the source of your concern? _____		
7.	Do you believe that work rage in your workplace is a ❑ high risk? ❑ medium risk? ❑ low risk?		

Revised: March 2011