## EMPLOYEE RISK ASSESSMENT QUESTIONNAIRE

**Workplace Violence**

<table>
<thead>
<tr>
<th>Name: ____________________________</th>
<th>Title: ____________________________</th>
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<tbody>
<tr>
<td>Manager’s Name: __________________</td>
<td>Company: _________________________</td>
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<tr>
<td>Date Completed: __________________</td>
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</tbody>
</table>

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?

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