



Workplace Violence Complaint Intake Form

Office of Legal Affairs and Labor Relations

In its commitment to the prevention of workplace violence, Baruch College endeavors to respond promptly to any threats and/or acts of violence. Immediately following any incident (threat or act) of workplace violence, an employee should report this incident promptly to a supervisor and/or the Office of Public Safety. This form is used by the Office of Legal Affairs and Labor Relations to assist the complainant in documenting an allegation of workplace violence.

Complainant: _____ Accused: _____

Date of Incident: _____ Time of Incident: _____

Address/Location of Incident: _____

Type of Incident:

- Attempt or Threat (verbal or physical) to inflict physical injury upon an employee
- Display of force that would give an employee reason to fear for their safety
- Intentional and/or wrongful physical contact with an employee without their consent that entails some injury
- Stalking an employee in a manner that may cause the employee to fear for their physical safety and health when such stalking has arisen through and in the course of employment
- Other (please specify)

Possible Reason(s) for Incident (if known, please check all that apply):

- Conflict with co-worker(s)/former co-worker
- Conflict with management
- Receiving corrective action
- Conflict with student
- Other (Please specify): _____

Were there any injuries? Yes No

If yes, please detail the nature and extent of the injuries arising from this incident

Please attach to this form documents that describe and/or substantiate the alleged incident (e.g. Public Safety report, police report, medical reports, statements and other reports)

Individuals Involved in the incident (attach additional pages if necessary.)

Name: _____

Name: _____

Complainant

Accused

Complainant

Accused

Faculty

Staff

Student

Other

Faculty

Staff

Student

Other

Gender: Female Male Non-Binary Not Disclosed

Gender: Female Male Non-Binary Not Disclosed

Department: _____

Department: _____

Title: _____

Title: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Immediate Supervisor: _____

Immediate Supervisor: _____

Relationship between Accused and Complainant:

Faculty

Staff

Former Faculty/Staff

Supervisor

Student

Not affiliated with Baruch

Please explain: _____

Name(s) of Witness(es):

Post Incident Response: Associate Provost for Academic Administration and Faculty Development

Yes No Did anyone require medical attention as a result of the incident?

Yes No Did anyone miss work as a result of the incident?

Yes No Did anyone apply for workers' compensation?

Yes No Was the incident reported to a supervisor or manager?

Yes No Was the incident reported to/filed with Baruch College Public Safety?

Yes No Was a police report filed?

Summary of Complaint (attach additional pages if necessary):

Complainant's signature: _____ Date: _____