# *Low Intensity Violence Incident Report*

**Attention employees:**

**A written report must be prepared for any workplace violence. This report is for <u>non-police</u> involved incidences.**

Name: _____ Store #_____

Day/Date Incident Occurred _____

Time Incident Occurred _____

Name of Other Employees On Duty _____

Were any workers/customers injured _____

Describe the Incident (include an account of what happened before and during the incident, details of the situation and outcome):

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