

**CENTRAL TEXAS WORKFORCE CENTERS
INCIDENT REPORT**

The purpose of this form is to provide a written means of accounting for verbal or physical abuse and threat incidents occurring in the Central Texas Workforce Centers. (See CTWC Human Resources Guide.)

Workforce Center Location: _____

Date and Time of Incident: _____

Person Making Report: _____
(Name) (Date)

Type of Incident (check one or more): Physical Assault:____ Verbal Abuse:____ Refuse to Leave:
Communicating a Threat:____ [(1). Threat by Telephone:____ (2). In-person Threat:____]
Obscene Call:____ Other (specify):

Law Enforcement or Medical Services Called? Yes:____ No:____ NA:
If yes, Name of person calling and person approving:

Names of person(s) involved and witnesses as applicable (check one): See Separate Sheet:____ None:

Describe the incident as you know it. **Do not include hearsay but only what you know to be the facts.**
Include the names of the persons involved and how they are involved. Description may continue on
additional sheets as necessary.

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INCIDENT REPORT CONTINUATION SHEET

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