



# County of Humboldt

Date: \_\_\_\_\_ Department: \_\_\_\_\_

## Incident Report Form

Division: \_\_\_\_\_

Print or Type – Document Must Be Legible

### I. Person Reporting Incident

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### II. Person(s) Involved

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### III. Incident Details

**\*\*See Page 3 for definitions of Workplace Violence Types\*\***

Who Was Involved	Workplace Violence Types	Type of Violence	How did you come to know of the incident?
<input type="checkbox"/> Non-Employee	<input type="checkbox"/> Type I	<input type="checkbox"/> Accidental	<input type="checkbox"/> Involved
<input type="checkbox"/> Employee	<input type="checkbox"/> Type II	<input type="checkbox"/> Self-Inflicted	<input type="checkbox"/> Observed
<input type="checkbox"/> Volunteer/Intern	<input type="checkbox"/> Type III	<input type="checkbox"/> Assault	<input type="checkbox"/> 2 <sup>nd</sup> Person
	<input type="checkbox"/> Type IV	<input type="checkbox"/> Tarasoff	<input type="checkbox"/> Photo(s) (Attached)
		<input type="checkbox"/> HIPAA	

Other: \_\_\_\_\_

### IV. Time and Place

Location of Incident: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Witness #1: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Witness #2: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### V. Details

As clearly and concisely as possible, describe what happened, including any circumstances which may have caused the incident (section continued on next page - attach extra sheets as needed).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. Details (Continued)**

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Was a weapon used? This can be unconventional weapons, such as a pen or a rock.  Yes  No

Type of Weapon: \_\_\_\_\_

Were there threats made before the incident occurred?  Yes  No

Name of threatened person(s): \_\_\_\_\_

If yes, was it ever reported to the employee's supervisor or manager that the employee(s) was/were threatened, harassed, or was/were suspicious that the attacker may become violent?  Yes  No

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**VI. Staff Response**

Describe what action was taken by staff following the incident.

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**VII. Damages** Was any damage done to personal property:  Yes  No

If yes, please fill out a general personal effects claim form

<https://humboldt.gov.org/DocumentCenter/View/726/Claim-for-Damages-Form-and-Directions-PDF>

Was any damage done to county property or to a county employee's property:  Yes  No

If yes, please fill out the personal effects claim form for county employees

<https://humboldt.gov.org/DocumentCenter/View/71708/Personal-Effects-Claim-Form-with-Instructions>

Please provide a description of the property damage/stolen/loss:

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**VIII. Workers' Compensation** \_\_\_ Employee or \_\_\_ Non-Employee Was there an injury:  Yes  No

If yes, describe the injury in detail:

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Was Company Nurse Called? (877-854-6877) If you wish to pursue a workers comp claim Company Nurse must be called, otherwise a [claim waiver form](#) should be filled out.  Yes  No

Sent to a Doctor/Hospital: Yes No

Name of Doctor/Hospital: \_\_\_\_\_

Mode of Transportation: County Private Ambulance

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**IX. Tarasoff** Was this a Tarasoff incident? Yes No

Notified Police: \_\_\_\_\_

Notified Parties Named: \_\_\_\_\_ Yes No

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**X. HIPAA** Notify Privacy and Security [dhhs-is-security@co.humboldt.ca.us](mailto:dhhs-is-security@co.humboldt.ca.us) & [dhhscompliance@co.humboldt.ca.us](mailto:dhhscompliance@co.humboldt.ca.us):

Yes No

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**XI. Follow Up by Department** Has corrective action been initiated? Yes No

Follow up completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Please describe any corrective actions that have been or will be taken:

\_\_\_\_\_  
\_\_\_\_\_

Please provide an approximate date the corrective action will be completed: \_\_\_\_\_

What training, equipment, policies, or procedures could have prevented this incident?

\_\_\_\_\_  
\_\_\_\_\_

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### Definitions of Violent Incident Types

**Type I Violence:** workplace violence committed by a person who has no legitimate business at the worksite and includes violent acts by anyone who enters the workplace or approaches workers with the intent to commit a crime.

**Type II Violence:** workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors.

**Type III Violence:** workplace violence against an employee by a present or former employee, supervisor, or manager.

**Type IV Violence:** workplace violence committed in the workplace by a person who does not work there but has or is known to have had a personal relationship with an employee.

Please forward this completed form with preferred file naming convention to Risk Management/Employee Services, even if all signatures have not been received yet.

Filer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

original: HR/Risk Management [Date Sent] \_\_\_\_\_ cc: Department Administration [Date Sent] \_\_\_\_\_

cc: Branch Administration [Date Sent] \_\_\_\_\_

**Naming Convention:** Division - IR - Date of incident (year-month-day) - Who is reporting (first initial, last name)

**Examples:** BHB IR 2025-04-18 F. Howard, Public Works IR 2025-04-18 F. Howard

**\*Once completed, please combine attachments and additional narratives as one single PDF.**

**To Be Completed by Human Resources /Risk Management Personnel Only**

Reviewed/Investigated by: \_\_\_\_\_ Date: \_\_\_\_\_

Follow up required:  Yes  No If yes, when? \_\_\_\_\_

Corrective Action Recommended: \_\_\_\_\_