



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 nd 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)

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

VI. Staff Response

Describe what action was taken by staff following the incident.

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:

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

If yes, describe the injury in detail:

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

IX. Tarasoff Was this a Tarasoff incident? Yes No

Notified Police: _____

Notified Parties Named: _____ Yes No

X. HIPAA Notify Privacy and Security dhhs-is-security@co.humboldt.ca.us & dhhscompliance@co.humboldt.ca.us:

Yes No

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?

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: _____