

**Metro Compact  
Sample: Incident Response Form**

1. Location of Incident (Unit number):

\_\_\_\_\_

2. Time \_\_\_\_\_ Date \_\_\_\_\_ Length of Time \_\_\_\_\_

3. Describe the violence that occurred:

- a. Directed towards (circle applicable): Patient, Staff, Visitor, Other
- b. Violent incident by (circle applicable): Patient, Staff, Visitor, Other

4. Description of incident:

- a. Physical Abuse
- b. Verbal abuse
- c. Threat
- d. Other

5. Please provide a detailed explanation of the incident:

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

6. Were any weapons involved in this incident? (If yes, please provide a description of any weapons or objects used to threaten)

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

7. Please list all individuals involved in the incident (Victims, witnesses, etc.)

Name	Job Title (if applicable)	Work location
_____		
_____		
_____		
_____		
_____		

8. Please list perpetrator(s) – Names, addresses, relationship to the hospital or intended victim

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9. Perpetrator's status:
- a. At large
  - b. Under arrest
  - c. Current whereabouts known?

10. Were any injuries sustained as a result of this incident? If yes, please list the individual and injuries received.

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11. Factors leading to the incident (if any)
- a. Dissatisfied with care
  - b. Prior history of violence
  - c. Outside event (Community, domestic, etc.)
  - d. Grief related
  - e. Other

Please provide  
Description: \_\_\_\_\_

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12. How has the incident been reported? (OSHA Log – if employee injury, Security reports, other?)

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13. Additional Comments

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**Please complete and return to:** \_\_\_\_\_