

# MNA Workplace Violence Reporting Form



Massachusetts Nurses Association • 340 Turnpike St. • Canton, MA • 02021 • Tel: 781-821-4625 • Fax: 781-821-4445

A reportable violent incident is any threatening remark or overt act of physical violence against a person(s) or property. Do not include a patient's name or any health information that may compromise a patient's right to privacy.

1. Member name: \_\_\_\_\_
2. Facility name: \_\_\_\_\_ Incident report filed with hospital:  yes  no
3. Date & time of incident: \_\_\_\_\_
4. Specific location of incident (ex.; hallway, pt. room, garage, etc.): \_\_\_\_\_
5. Type of unit (ex.; emergency room, ICU, med-surg, etc.): \_\_\_\_\_
6. Violence directed toward:  patient  staff  visitor  other  
Assailant:  patient  staff  visitor  other  
Assailant:  unarmed  armed specify weapon: \_\_\_\_\_
7. Assailant gender: \_\_\_\_\_
8. Predisposing factors (check all that apply):  short staffing  drug/alcohol use  dissatisfied with care/waiting time  
 grief reaction  prior history of violence  gang related  other (describe): \_\_\_\_\_
9. Description of incident (check all that apply):  physical abuse  verbal abuse  sexual abuse  other  
Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Injuries:  no  yes Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Were there witnesses?  yes  no
12. Were you able to get help and get to a safe area?  yes  no
13. Were you relieved of your assignment?  yes  no
14. Notifications: supervisor  yes  no hospital security  yes  no police  yes  no  
local MNA committee member or MNA staff  yes  no
15. Disposition of assailant:  stayed on premises  escorted from premises  left on own  other  
Describe: \_\_\_\_\_  
\_\_\_\_\_
16. What measures do you think could be taken to prevent further incidents of this type? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. Would you like someone from your local MNA committee or MNA staff to contact you?  yes  no  
 MNA committee  MNA staff  
If yes, please provide a non-work email and/or phone number where you can be reached:  
\_\_\_\_\_

Complete form online at: <https://forms.massnurses.org/forms/workplace-violence-reporting-form>

Downloaded PDF forms, fax to MNA, Attn: Division of Health & Safety at 781-821-4445.

The MNA is committed to decreasing incidents of workplace violence for the health and safety of all healthcare workers and believes that employers have a responsibility to provide safe and healthful working conditions. This includes preventing and addressing conditions that lead to violence and abuse by implementing effective security and administrative work practices to protect the safety and health of workers.

This form was modified from a sample report form, published by OSHA, 3148-01R. (2004). Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers. Retrieved from <https://www.osha.gov/Publications/osha3148.pdf>.