

WORKPLACE INCIDENT REPORT

INCIDENT TRACKING NUMBER

REGION/UNIT

LEVEL

 1 2 3

INSTRUCTIONS: It is recommended that APHIS Form 259-R be completed for all incidents involving alleged assault, threats of assault (including telephone and electronic), intimidation, or interference. Provide all supporting documents such as police reports, written witness reports, written threats, etc. Send one copy to your supervisor and one copy to the Workplace Violence Prevention and Resolution Program Office, 4700 River Road, Unit 151, Riverdale, MD 20737, FAX: (301) 734-7439. This form is available electronically at www.aphis.usda.gov/mrpbs/forms/aphis/aphis259.pdf. You also have the option of dialing our hotline at 1-866-234-3174 to report the incident.

DATE OF INCIDENT	DATE REPORTED	TIME OF INCIDENT <input type="checkbox"/> A.M. <input type="checkbox"/> On Duty <input type="checkbox"/> P.M. <input type="checkbox"/> Off Duty	LOCATION OF THE INCIDENT OFFICE: OTHER:
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DESCRIPTION OF THE INCIDENT

DID THE INCIDENT INVOLVE VERBAL ABUSE (<i>Includes belligerent language meant to demean, intimidate, coerce, or threaten</i>) <input type="checkbox"/> YES <input type="checkbox"/> NO	DID THE INCIDENT INVOLVE PHYSICAL ABUSE (<i>Includes pushing shoving, or hitting</i>) <input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIBE WEAPON (<i>If used</i>)
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PROVIDE DESCRIPTION OF THE INCIDENT (*Describe any injuries*)

WHO WAS INVOLVED IN THE INCIDENT

NAME OF COMPLAINANT	RELATIONSHIP TO OFFENDER (<i>Family member, supervisor, subordinate, coworker, visitor, broker, activist, exhibitor, etc.</i>)	AGENCY/ORGANIZATION
OFFICE ADDRESS	TELEPHONE NUMBER	
NAME OF OFFENDER	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	ADDRESS AND TELEPHONE NUMBER

PHYSICAL DESCRIPTION OF OFFENDER (*If needed to help identify perpetrator*)

PLEASE TYPE OR PRINT THE FOLLOWING:

NAME AND TITLE OF MANAGEMENT OFFICIAL NOTIFIED	PHONE NUMBER OF MGMT OFFICIAL NOTIFIED	DATE OFFICIAL NOTIFIED
NAME AND TITLE OF PERSON COMPLETING REPORT	DATE REPORT COMPLETED	