

Form 712: Workplace Violence Report Form

Ohio Network for Innovation is committed to preventing workplace violence and to maintaining a safe work environment. Given the increasing violence in society in general, Ohio Network for Innovation has adopted guidelines to deal with intimidation, harassment or other threats of (or actual) violence that may occur during business hours or on its premises.

Any employee or applicant who feels that he/she has been the victim of violence (or threatened violence) may contact the Human Resource Department at MEORC to obtain information concerning complaint procedures.

Date(s) of Alleged Incident(s) of Workplace Violence(s): _____

Description of Alleged Incident(s): _____

Name of Person(s) Alleging Violation	Position	Date
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My signature below attests that I understand employees can raise concerns and make reports without fear of reprisal and that anyone found to be engaging in any type of unlawful discrimination or falsifying an EEOC Complaint will be subject to disciplinary action, up to and including termination of employment.

Signature of Person(s) Alleging Violation

Name of Person Receiving Complaint	Position	Date
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Name of Immediate Supervisor