

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 <https://www.aphis.usda.gov/library/forms/pdf/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

 A.M. On Duty
 P.M. Off Duty

LOCATION OF THE INCIDENT

OFFICE:
OTHER:

DESCRIPTION OF THE INCIDENT

DID THE INCIDENT INVOLVE VERBAL ABUSE (*Includes belligerent language meant to demean, intimidate, coerce, or threaten*)

 YES NO

DID THE INCIDENT INVOLVE PHYSICAL ABUSE (*Includes pushing shoving, or hitting*)

 YES NODESCRIBE WEAPON (*If used*)PROVIDE DESCRIPTION OF THE INCIDENT (*Describe any injuries*)

WHO WAS INVOLVED IN THE INCIDENT

NAME OF COMPLAINANT

RELATIONSHIP TO OFFENDER (*Family member, supervisor, subordinate, coworker, visitor, broker, activist, exhibitor, etc.*)

AGENCY/ORGANIZATION

OFFICE ADDRESS

TELEPHONE NUMBER

NAME OF OFFENDER

SEX

 Male
 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