



LOCAL 1000, AFSCME, AFL-CIO

## Workplace Violence Survey

Please take a moment to fill out this workplace violence survey. Your cooperation is necessary to ensure that all workers are properly protected from the threat of workplace violence. Once the survey is completed, please return by: \_\_\_\_\_.

Return to:

**1. Have you experienced or witnessed any of the following at any place where you perform any work related duties (check all that apply):**

- A physical assault. (punched, kicked, stabbed, raped)
- An attempt or threat (verbal or physical) to inflict injury.
- Harassment of a nature that makes it difficult to pursue a normal work life.

**2. If yes, how frequently do these incidents happen? (check one)**

- Every day.
- A few times each week.
- A few times each month.
- A few times per year.
- Rarely.

**3. When did the latest incident occur? (check one)**

- Past 1 - 6 months.
- Past 6 months - 1 year.
- More than 1 year.
- Last 2 - 3 years.
- Last 3 - 5 years.
- More than 5 years ago.

**4. Are assaults, threats, and harassment common in your work area?**

- a. Assaults:  Yes  No (check one)
- b. Threats:  Yes  No (check one)
- c. Harassment:  Yes  No (check one)

**5. What best describes the perpetrator(s)? (check all that apply)**

- Stranger.
- Client, patient, or customer.
- Co-worker.
- Family member or loved one.

6. Typically, are incidents reported to management? (check one)

- Yes       No       Sometimes

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7. What is your work location? \_\_\_\_\_

8. What is your work shift? \_\_\_\_\_

9. Do you feel adequately protected from the threat of violence at work?

- Yes       No

10. List any work areas where you feel your security is at risk.

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11. Do you have any suggestions that would enhance your safety and security?

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*Attach additional comments on a separate page.*