



(VRF-UKKP Bil. 1/2017)

Notification Of Workplace Violence Form

TO BE FILLED BY SUPERVISOR/MATRONS/SISTER IN CHARGE OF THE RESPECTIVE DEPARTMENT

SUBMIT COMPLETED FORM TO:

Bahagian Perubatan (Unit Kualiti) / KPAS
Jabatan Kesihatan Negeri

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Part A – Notifier

Name:

Designation:

Address Of Clinic/Hospital:

Part B – Affected Person

Name:

Date Of Birth:

New IC/Passport Number:

Nationality:

Gender: Male / Female

Ethnic Group:

Occupation:

Name & Address Of Organization:

Location Of Incident:

Contact Number:

Part C – Workplace Violence

Date Of Incident:

Diagnosis / Provisional Diagnosis:

Part D

- What kind of work did the victim do which may be associated with the violence? (Describe the work activities)*
- What are the reason(s) which may have contributed to the violence?*
- What is the relationship of the assailant to the victim? (Eg: Patient, Family Member, Co-worker)*
- What are the physical/traumatic/emotional injury sustained by the victim?*

Signature Of Notifier:

Date:

Name & Address Of Notifier: