

## **INSTRUCTIONS FOR COMPLETING MPID FORM 7F**

### **Employee Reporting the Workplace Violence Incident:**

- A. Complete Section A of MPID Form 7f, Reporting Form for Assault, Harassment, Interference, Intimidation, or Threat (herein referred to as MPID Form 7f). If additional space is needed, use page 3.
- B. Print MPID Form 7f (if applicable), sign and:
  - 1. Forward the completed original MPID Form 7f and any additional documentation/comments to your immediate supervisor.
  - 2. Forward a copy of MPID Form 7f and any additional documentation/comments directly to the Raleigh Office.
  - 3. Retain a copy of the completed MPID Form 7f for your personal records.

### **Immediate Supervisor of Employee Reporting the Workplace Violence Incident:**

- A. Complete Section B of the original MPID Form 7f. If additional space is needed, use page 3.
- B. Discuss corrective/preventive actions(s) with employee.
- C. Forward the completed original MPID Form 7f and any additional documentation/comments through your next-line supervisor for concurrence of corrective action.
- D. Retain a copy of MPID Form 7f and all related documents in a clearly labeled file folder in a secured government office file at the reported incident worksite.

### **Next-Line Supervisor (if applicable):**

- A. Complete Section C of the original MPID Form 7f. If additional space is needed, use page 3
- B. Forward the completed original MPID Form 7f and any additional documentation/comments to the appropriate management official for concurrence of corrective action.

### **Agency Management Official**

- A. Complete Section D of the original MPID Form 7f. If additional space is needed, use page 3. Enter N/A if Section C is not utilized.
- B. Forward the completed original MPID Form 7f and any additional documentation/comments to the State Director.
- C. Forward a copy of the completed MPID Form 7f to the supervisor of the employee reporting the workplace violence incident.

NC DEPARTMENT OF AGRICULTURE MEAT AND POULTRY INSPECTION DIVISION <b>REPORTING FORM FOR ASSAULT,          THREATS OF ASSAULT, INTIMIDATION,          OR INTERFERENCE</b>	1. CASE NUMBER <i>(Raleigh Office Use)</i>	<b>INSTRUCTIONS: Employee:</b> Complete Section A of this form. Send original to Immediate Supervisor. Send a copy to the Raleigh Office.
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**SECTION A. EMPLOYEE REPORT OF INCIDENT** *(Attach additional documentation, as needed.)*

2. NAME OF EMPLOYEE	3. CONTACT PHONE NUMBER	4. POSITION TITLE/GRADE	5. PERMANENT DUTY LOCATION
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**INCIDENT DESCRIPTION**

6. INCIDENT TYPE <i>(Assault, Harassment, Interference, Intimidation, Threat)</i>	7. DATE OF INCIDENT	8. TIME OF INCIDENT	9. INCIDENT LOCATION <i>(City, State)</i>	10. EST. NAME AND NO. <i>(Where Incident Occurred)</i>
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11. INTERNAL SOURCE OR OUTSIDE SOURCE	12. WHAT WERE YOU DOING AT THE TIME OF THE INCIDENT?
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13. NAME, POSITION AND PHONE NUMBER OF THOSE INSTIGATING THE INCIDENT	14. NAME, POSITION AND PHONE NUMBER OF ANY WITNESSES
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Make sure blocks 15 thru 27 are checked yes or no	YES (✓)	NO (✓)		YES (✓)	NO (✓)
15. LEFT WORKSITE			23. WITNESS STATEMENT(S) ATTACHED		
16. INJURY			24. INSPECTION WITHHELD		
17. MEDICAL TREATMENT			25. INSPECTION SUSPENDED		
18. MEDICAL REPORT ATTACHED			26. INSPECTION WITHDRAWN		
19. LAW ENFORCEMENT CONTACTED			27. EMPLOYEE ASSISTANCE PROGRAM CONTACTED		
20. LAW ENFORCEMENT REPORT ATTACHED					
21. SUPERVISOR CONTACTED					
22. PROPERTY DAMAGE					

28. DESCRIBE WHAT HAPPENED DURING THE INCIDENT *(Attach additional documentation as needed.)*

<i>I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.</i>	29. SIGNATURE OF EMPLOYEE	30. DATE
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**SECTION B. IMMEDIATE SUPERVISOR** *(Attach additional documentation, as needed)*

Discuss corrective/preventive actions with employee reporting the workplace violence incident. Complete Section B, forward completed original pages 1 and 2 and any additional documentation/comments through your next-line supervisory channels.

31. NAME OF IMMEDIATE SUPERVISOR	32. POSITION TITLE/GRADE	33. PERMANENT DUTY LOCATION	34. DATE DISCUSSED WITH EMPLOYEE
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35. INCIDENT RESOLUTION EFFORTS *(Attach additional documentation as needed.)*

36. INCIDENT STATUS WITH RECOMMENDATIONS *(Attach additional documentation as needed.)*

<i>I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.</i>	37. SIGNATURE OF IMMEDIATE SUPERVISOR	38. DATE
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**SECTION C. NEXT-LINE SUPERVISOR** *(Complete Section C, forward completed original and any documentation/comments to appropriate official)*

39. NAME OF NEXT-LINE SUPERVISOR	40. POSITION TITLE/GRADE	41. PERMANENT DUTY LOCATION
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42. COMMENTS *(Attach additional documentation, as needed.)*

<i>I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.</i>	43. SIGNATURE OF NEXT-LINE SUPERVISOR	44. DATE
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**SECTION D. AGENCY MANAGEMENT OFFICIAL** *(Management official forwards the completed original form with attachments to the State Director and a copy to the supervisor of the employee reporting the workplace violence incident.)*

45. NAME OF AGENCY MANAGEMENT OFFICIAL	46. POSITION TITLE/GRADE	47. PERMANENT DUTY LOCATION
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48. COMMENTS *(Attach additional documents, as needed.)*

<i>I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.</i>	49. SIGNATURE OF AGENCY MANAGEMENT OFFICIAL	50. DATE
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*Additional documentation / comments:*