CHOICE MEDICAL GROUP – Staff Violence & Disruption Report

Date: __________ Time it began: ______ Time ended: ______ Location: ________________

Number of protesters involved: ________ Number of protesters present at the scene: ______

Explain what happened (and please use diagram on opposite side of this page to show what happened):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Exact words used and by whom: ________________________________________________

What was the volume of the voices? ____________________________________________

Gestures or physical actions made by protestors? _________________________________

Describe any signs or banners that the protestors were carrying (size, text, picture, where located):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

If the incident involved the protestors interacting with a person entering the building, how did that person respond to the protestors during the incident? ______________________________________________

After the incident? ____________________________________________________________

Physical description of protesters involved: Have you seen this protestor before?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Other witnesses present (name or patient #):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Police called? ___ Yes ___ No. Who called them? ______________ Did police respond? ___ Yes ___ No
Names of officers: ____________________________________________________________
What did the police say or do? _________________________________________________

Report completed by: ____________________________________________________________

3-04