

YOUR HEALTH CENTER'S NAME
Visitor Violence & Disruption Report

Date: _____ Time: _____ Location: _____

Please explain what happened:

(Feel free to use the diagram on the opposite side of this page to show what happened.)

How did this incident make you feel?

Physical description of any protesters involved:

Other witnesses present:

Report completed by:* _____ Circle one: Patient Partner
Friend Other: _____

Are you willing to be contacted about this incident? Yes ☐ No ☐

If so, how would you prefer to be contacted?

* If you do not wish to use your name, please ask the clinic staff for your patient number.

