


UNITED STATES DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE WASHINGTON, DC CHANGE TRANSMITTAL SHEET		<input checked="" type="checkbox"/> DIRECTIVE <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> AMENDMENT <input type="checkbox"/> OTHER
FSIS DIRECTIVE REPORTING ASSAULT, HARASSMENT, INTERFERENCE, INTIMIDATION OR THREAT		4735.4 REVISION 3 AMENDMENT 1
		4/22/05

I. PRINCIPAL CHANGE

This amendment transmits a revised Attachment 3. The attachment contains a listing of workplace violence prevention contacts and the jurisdictions they cover.

II. CANCELLATION

This change transmittal is cancelled when contents are incorporated into FSIS Directive 4735.4. For recordkeeping purposes, users may retain or destroy this transmittal.


 for Acting Assistant Administrator
 Office of Management

FILING INSTRUCTIONS

Remove Old Pages

17

Insert New Pages

17



United States
Department of
Agriculture

Food Safety
and Inspection
Service

FSIS Directive
4735.4

Revision 3

Reporting Assault, Harassment, Interference, Intimidation or Threat

REPORTING ASSAULT, HARASSMENT, INTERFERENCE, INTIMIDATION OR THREAT

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UNITED STATES DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE
WASHINGTON, DC

<h1 style="margin:0;">FSIS DIRECTIVE</h1>	4735.4 REVISION 3	2/24/05
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**REPORTING ASSAULT, HARASSMENT, INTERFERENCE,
INTIMIDATION OR THREAT**

I. PURPOSE

This directive outlines Agency employee responsibilities for reporting workplace violence incidents of assault, harassment, interference, intimidation or threat against employees while performing or as a result of performing their official duties and responsibilities. All workplace violence incidents whether instigated by internal or outside sources must be reported.

II. CANCELLATION

This directive cancels FSIS Directive 4735.4. Revision 2, dated 5/28/02 and Amendment 1, dated 2/23/04.

III. REASON FOR REISSUANCE

This directive is revised to:

A. Update Agency policies and procedures for reporting workplace violence incidents of assault, harassment, interference, intimidation or threat and the filing of FSIS Form 4735-4, Reporting Form For Assault, Harassment, Interference, Intimidation or Threat.

B. Initiate a uniform method for reporting workplace violence incidents of assault, harassment, interference, intimidation or threat occurring between employees by utilizing FSIS Form 4735-4.

IV. REFERENCES

FSIS Directive 4735.3, Employee Responsibilities and Conduct
FSIS Directive 4735.7, Industry Accusations Against Inspection Personnel
FSIS Directive 4771.1, Administrative Grievance System
FSIS Directive 4791.6, Procedures for Workplace and Travel Emergencies
FSIS Notice, Workplace Violence Policy Statement

DISTRIBUTION:
All Employees

OPI:
OM – Labor and Employee Relations Division

FSIS Notice, Firearms at the Worksite
Standards of Ethical Conduct for Employees of the Executive Branch
The Labor - Management Agreement

9 CFR Part 500.3 and 500.6, Rules of Practice - Federal Meat Inspection and
Poultry Products Inspection Act
9 CFR Part 590.160 (f), (1), (iv.) & 592 Eggs Product Inspection Act
18 U.S.C. 1111, Assaulting, Resisting or Impeding Certain Officers or Employees
18 U.S.C. 1114, Protection of Officers and Employees of the United States
21 U.S.C. 461(c), Offenses and Punishment Violations; Liability of Agents, Employees
and Persons – Poultry Products Inspection Act
21 U.S.C. 675, Assaulting, Resisting or Impeding Certain Persons; Protection of Such
Persons – Federal Meat Inspection Act

V. **ABBREVIATIONS AND FORMS**

The following will appear in their shortened form in this directive:

CFR	Code of Federal Regulations
EPIA	Eggs Product Inspection Act
ERB	Employee Relations Branch, LERD
FMIA	Federal Meat Inspection Act
FSIS	Food Safety and Inspection Service
LERD	Labor and Employee Relations Division
OFSEP	Office of Food Security and Emergency Preparedness
OFO	Office of Field Operations
OIA	Office of International Affairs
OIG	Office of Inspector General
OM	Office of Management
OPAEO	Office of Public Affairs, Education and Outreach
OPEER	Office of Program Evaluation, Enforcement and Review
OPHS	Office of Public Health Science
OPPED	Office of Policy and Program Development
PPIA	Poultry Products Inspection Act
WVPRB	Workplace Violence Prevention and Response Branch
WVA	Workplace Violence Analyst

FSIS Form 4735-4, Reporting Form For Assault, Harassment, Interference,
Intimidation or Threat

VI. **POLICY**

It is Agency policy to:

A. Provide all employees a positive, respectful, productive, and a safe
working environment.

B. Protect employees from assault, harassment, interference, intimidation or threat while performing or as a result of performing their official duties and responsibilities whenever possible.

C. Review and/or conduct an inquiry of all workplace violence incidents reported under the provisions of this directive.

D. Report workplace violence incidents to the OIG for consideration of prosecution as determined by appropriate management officials.

E. Initiate, in appropriate circumstances, enforcement actions under the FSIS Rules of Practice (9 CFR Part 500), referrals for prosecution or other sanctions, or issuances of notices of warning.

F. Assure reviews and inquiries of reported workplace violence incidents are fair and objective.

G. Prevent, if possible and resolve reported workplace violence incidents promptly by providing employees and management officials with advice, guidance and training.

VII. **COVERAGE**

This Directive covers **all** Agency employees who experience assault, harassment, interference, intimidation or threat while performing or as a result of performing their official duties and responsibilities. This includes workplace violence incidents occurring outside the employee's tour of duty and away from the worksite.

VIII. **DEFINITIONS**

A. **Affected Employee.** Any Agency employee subjected to assault, harassment, interference, intimidation or threat by internal or outside sources. This includes family members of the employee.

B. **Assault.** An act that results in bodily harm or willful attempt to inflict bodily harm.

C. **Bullying.** A repeated, intentional, mistreatment of an individual that is driven by a desire to control, impede or interfere with an individual.

D. **Developmental Danger.** An event, occurrence, or happening without an impending exposure or vulnerability to harm or risk.

E. **Harassment.** To annoy or torment repeatedly and persistently.

F. **Immediate Supervisor.** The individual whom an employee directly reports to or receives direction from.

G. **Imminent Danger.** An impending exposure or vulnerability to harm or risk about to occur or impending.

H. **Interference.** An act or behavior to hamper, hinder, block, resist, oppose or impede the actions or activities of another person. Interference includes non-threatening actions intended to prevent or adversely affect the performance of official duties and responsibilities.

I. **Internal Source.** Any Agency employee.

J. **Intimidation.** An act or behavior to compel or deter an action by coercion, extortion, duress or threat.

K. **Agency Management Official.** District Manager or designee, OFO; Program Manager or Director, OIA, OM, OFSEP, OPAEO, OPEER, OPHS, OPPED and OFO.

L. **Outside Source.** Any non-Agency individual.

1. **Agency Regulated Industry.** An individual, group of individuals, private business, official establishment, facility or other business entity or firm under Agency regulatory authority.

2. **Other than Agency Regulated Industry.** An individual, group of individuals, or private business entity or firm having an effect on Agency employees as a result of the employee's official position, but is not an Agency regulated industry.

M. **Threat.** Any gesture or verbal or written expression that conveys intent to cause physical/non-physical harm to the individuals or their property.

IX. **DOCUMENTATION OF WORKPLACE VIOLENCE INCIDENTS**

Occasionally, employees may find themselves in a confrontational situation with internal or outside sources. Confrontations may range from simple disagreements to violent attempts or acts to assault, harass, interfere, intimidate or threaten employee(s) while performing or as a result of their official duties and responsibilities. Violent attempts or acts by outside sources that prevent employees from performing their official duties and responsibilities may result in the withholding, suspension or withdrawal of inspection services, criminal prosecution, or other enforcement or legal action. Likewise, confrontations ranging from simple disagreements to violent attempts or acts between employees may result in disciplinary/adverse action up to or including removal. All workplace violence incidents whether instigated by internal or outside sources must be reported. Complete, accurate and timely submitted documentation is required. The documentation helps to facilitate immediate and appropriate resolutions of confrontational situations and permit appropriate responses, preventative measures and tracking of confrontational situations leading to workplace violence incidents.

X. **REPORTABLE WORKPLACE VIOLENCE INCIDENTS**

All workplace violence incidents of assault, harassment, interference, intimidation or threats must be reported immediately. Agency management officials in conjunction with the WVPRB and OPEER when necessary will review the seriousness of a reported incident and initiate appropriate action, including investigations, enforcement actions and referrals for prosecution. Informal inquiries by authorized management officials or official investigations initiated by LERD and OPEER may include:

A. All reported workplace violence incidents of assault, harassment, interference, intimidation or threat towards an employee or their family.

B. Verbal attacks, property damage or other actions interpreted as an attempt to assault, harass, interfere, intimidate or threaten an employee while performing or as a result of performing their official duties and responsibilities.

XI. **PHYSICAL ASSAULT, HARASSMENT, INTERFERENCE, INTIMIDATION OR THREAT**

Workplace violence incidents may involve physical acts intended to assault, harass, interfere, intimidate or threaten employees while performing or as a result of performing their official duties and responsibilities

A. **Employee Responsibilities.** When a physical assault, harassment, interference, intimidation or threat occurs:

1. Remove yourself and/or any other employees from possible or further harm and/or danger immediately.

2. Contact local law enforcement officials, OIG (Attachment 2) and/or any available security personnel.

3. Obtain medical treatment for any injuries if necessary.

4. Contact your immediate supervisor as soon as possible to report the workplace violence incident. (**NOTE:** If your immediate supervisor is not available, contact the next higher level supervisory official or the Workplace Violence Prevention Hotline toll-free pager at 888-894-6217).

5. Complete FSIS Form 4735-4 Section A, dated 10/15/2004. (Attachment 1) immediately after completing Steps 1 through 4 above. A blank page may be used for additional documentation.

a. Forward the completed original FSIS Form 4735-4 to your immediate supervisor.

b. Forward a copy of the completed FSIS Form 4735-4 directly

to the appropriate Agency management official(s) (i.e., District Manager or designee, OFO; Program Manager or Director, OIA, OM, OFSEP, OPAEO, OPEER, OPHS, OPPED and OFO) to notify them of the workplace violence incident. A facsimile copy is acceptable.

c. Forward a copy of the completed FSIS Form 4735-4 directly to your designated Workplace Violence Analyst (Attachment 3). A facsimile copy is acceptable.

d. Retain a copy of the completed FSIS Form 4735-4 for your personal records.

B. Immediate Supervisor Responsibilities. Upon notification of physical assault, harassment, interference, intimidation or threat upon an employee:

1. Determine the seriousness of the reported workplace violence incident. If an employee's safety is involved, remove the employee(s) from the worksite and obtain advice from the next higher level supervisory official. Discuss strategies with the employee(s) to prevent future occurrences, including possible assistance from a Workplace Violence Analyst or law enforcement officials. Include employee safety issues in the discussion.

2. Ensure the employee(s) has/have obtained medical treatment if necessary.

3. Notify available security personnel and advise the employee(s) of the right to contact law enforcement officials.

4. Notify your immediate supervisor of the reported workplace violence incident. Advise the appropriate management official(s) and the Workplace Violence Analyst of the reported incident immediately.

5. Obtain information to determine or recommend if inspection should be withheld, suspended or withdrawn. If appropriate, withhold or suspend or initiate action to withdraw inspection following 9 CFR Part 500 and/or any applicable laws, rules or regulations.

6. Obtain the names of all those involved and names of all witnesses who observed the reported workplace violence incident. Document **all** information concerning the reported incident; including dates, times, locations, pertinent background information, applicable industry documents and circumstances causing the incident. Additionally, document the industry's history and potential adverse effects of the reported incident.

7. For reported workplace violence incidents involving industry employees, contact the appropriate industry management personnel to initiate and ensure resolution of the reported incident.

8. For reported workplace violence incidents between Agency

employees, contact your immediate supervisor or appropriate management official(s) to facilitate resolution of the reported incident and/or request disciplinary action.

9. Complete the original FSIS Form 4735-4, Section B immediately after completing Steps 1 through 8, forward the completed original FSIS Form 4735-4 through supervisory channels to the appropriate management official.

10 For reported workplace violence incidents, retain a copy of the completed FSIS Form 4735-4 and all related documents (**EXAMPLE:** Signed or narrative statements, memos, etc.), in a clearly labeled red colored file folder in a secured government office file at the reported incident worksite. **NOTE:** Retain all files for 3-years...

11. Inform the employee(s) of the corrective and preventative actions taken to resolve the reported workplace violence incident.

C. Management Official(s) Responsibilities. Upon receiving notification of a physical assault, harassment, interference, intimidation or threat upon an employee:

1. Contact the appropriate USDA, OIG Regional Office immediately when an assault or life threat occurs. Attachment 2 lists the addresses, telephone numbers and territories of OIG offices. Follow OIG instructions if any.

2. Discuss the reported workplace violence incident with the supervisor or management official(s) of the employee(s) as necessary.

3. Ensure law enforcement officials are contacted as applicable. The employee(s) receives medical treatment if necessary; supervisory action is appropriate and the employee(s) is kept apprised of the action taken to resolve the reported workplace violence incident.

4. For reported workplace violence incidents involving regulated industry personnel, determine whether withholding, suspension or withdrawal of inspection is appropriate. Initiate action consistent with 9 CFR Part 500 or any applicable laws, rules or regulations to withhold, suspend or withdraw inspection.

5. Review the FSIS Form 4735-4 for completeness, accuracy and action(s) initiated to resolve the reported workplace violence incident. Complete FSIS Form 4735-4 Section C or D as appropriate including any additional information.

6. For reported workplace violence incidents between Agency employees, determine if disciplinary action is warranted and forward all related documents with a request for disciplinary action to the ERB.

7. Initiate and maintain a workplace violence incident case file.

8. Provide a photocopy of the completed FSIS Form 4735-4 to the

supervisor of the employee(s).

9. Forward the FSIS Form 4735-4 after completing Section C or D within 7 workdays to the designated Workplace Violence Analyst (Attachment 3)

XII. NON-PHYSICAL ASSAULT, HARASSMENT, INTERFERENCE, INTIMIDATION OR THREAT

Workplace violence incidents may involve non-physical acts intended to assault, harass, interfere, intimidate or threaten an employee while performing or as a result of performing their official duties and responsibilities.

A. Employee Responsibilities. When a non-physical assault, harassment, interference, intimidation or threat occurs:

1. Contact your immediate supervisor to discuss whether program effectiveness is impaired and obtain additional instructions. (**NOTE:** If the immediate supervisor is not available, contact the next higher level supervisory official or the Workplace Violence Prevention Hotline toll-free pager at 888-894-6217).

2. Complete FSIS Form 4735-4 Section A, dated 10/15/2004. immediately after completing Step 1. A blank page may be used for additional documentation.

a. Forward the completed original FSIS Form 4735-4 to your immediate supervisor.

b. Forward a copy of the completed FSIS Form 4735-4 directly to the appropriate management official(s) to notify them of the workplace violence incident. A facsimile copy is acceptable.

c. Forward a copy of the completed FSIS Form 4735-4 directly to your designated Workplace Violence Analyst (Attachment 3). A facsimile copy is acceptable.

d. Retain a copy of the completed FSIS Form 4735-4 for your personal records.

B. Immediate Supervisor Responsibilities. Upon notification of non-physical assault, harassment, interference, intimidation or threat upon an employee:

1. If an employee's safety is involved, remove the employee(s) from the worksite and obtain advice from the next higher level management official.

2. Discuss the reported workplace violence incident with the

employee(s) and strategies to prevent future occurrences, including possible assistance from a Workplace Violence Analyst or law enforcement official(s). Include employee safety issues in the discussion.

3. Notify your immediate supervisor of the reported workplace violence incident. Advise the appropriate management official(s) and the Workplace Violence Analyst of the reported incident.

4. Attempt to resolve the reported workplace violence incident if the employee was unable to do so.

5. For reported workplace violence incidents involving industry employees, contact the appropriate industry management personnel to initiate and ensure resolution of the reported incident.

6. Obtain information to determine or recommend if inspection should be withheld, suspended or withdrawn. If appropriate, withhold or suspend or initiate action to withdraw inspection following 9 CFR Part 500 or applicable laws, rules or regulations.

7. For reported workplace violence incidents between Agency employees contact your immediate supervisor and/or appropriate management official(s) to ensure resolution of the reported incident and/or request disciplinary action.

8. Complete FSIS Form 4735-4 Section B immediately after completing Steps 1 through 7 and forward the original FSIS Form 4735-4 through supervisory channels to the appropriate management official(s).

9. For reported workplace violence incidents, retain a copy of the completed FSIS Form 4735-4 and all related documents (**EXAMPLE:** Signed or narrative statements, memos, etc.) in a clearly labeled red colored file folder in a secured government office file at the reported incident worksite. **NOTE:** Retain all files for 3-years.

10. Inform the employee(s) of the corrective and preventative actions taken to resolve the reported workplace violence incident.

C. Management Official(s) Responsibilities. Upon receiving notification of non-physical assault, harassment, interference, intimidation or threat upon an employee:

1. Discuss the reported workplace violence incident, documentation and resolution with the supervisor or management official(s) of the employee as necessary.

2. For reported workplace violence incidents involving industry

personnel, determine whether withholding, suspension or withdrawal of inspection is appropriate. Initiate action consistent with 9 CFR Part 500 or any applicable laws, rules or regulations to withhold, suspend or withdraw inspection.

3. For reported workplace violence incidents between Agency employees, determine if disciplinary action is warranted and forward all related documents with a request for disciplinary action to the LERD, ERB.

4. Review FSIS Form 4735-4 for completeness, accuracy and action initiated to resolve the reported workplace violence incident. Complete FSIS Form 4735-4 Section C or D as appropriate including any additional information.

5. Initiate and maintain a workplace violence incident case file.

6. Provide a photocopy of the completed FSIS Form 4735-4 to the supervisor of the employee(s).

7. Forward FSIS Form 4735-4 after completing Section C or D within 7 workdays to the designated Workplace Violence Analyst (Attachment 3).

XIII. EMPLOYEE APPEAL RIGHTS

A. Employees may contact the WVPRB at (202) 690-1999 or on the Workplace Violence Prevention Hotline toll-free 24-hour pager at (888) 894-6217 to discuss actions initiated in response to the reported workplace violence incident.

NOTE: This procedure should not be avoided if the employee(s) disagrees with the inquiry or actions.

B. Employees who wish to contest a management official's actions initiated to resolve the reported workplace violence incident may file a grievance as follows:

1. **Bargaining Unit Employees.** Refer to the negotiated grievance procedure in the Labor-Management Agreement.

2. **Non-Bargaining Unit Employees.** Refer to FSIS Directive 4771.1

C. Employees may also file an EEO discrimination complaint if they believe they have been discriminated against based upon membership in one of the protected groups.

for 
Assistant Administrator
Office of Management

**FSIS FORM 4735-4, REPORTING FORM FOR ASSAULT, HARASSMENT,
INTERFERENCE, INTIMIDATION OR THREAT**

SAMPLE

Employee Reporting the Workplace Violence Incident:

- A. Complete Section A of FSIS Form 4735-4, REPORTING FORM FOR ASSAULT, HARASSMENT, INTERFERENCE, INTIMIDATION, OR THREAT (herein referred to as FSIS Form 4735-4).
If additional space is needed, use page 3.
- B. Print FSIS Form 4735-4 (if applicable), sign and:
 - 1) Forward the completed original FSIS Form 4735-4 and any additional documentation/comments to your immediate supervisor.
 - 2) Forward a copy of FSIS Form 4735-4 and any additional documentation/comments directly to the appropriate management official (i.e. District Manager, OFO; Program Director, OIA, OM OFSEP, OPAEO, OPEER, OPHS, OFO, and OPED) to notify them of the incident. A facsimile copy is acceptable.
 - 3) Forward a copy of FSIS Form 4735-4 and any additional documentation/comments directly to the Workplace Violence Analyst. A facsimile copy is acceptable.
 - 4) Retain a copy of the completed FSIS Form 4735-4 for your personal records.

Immediate Supervisor of Employee Reporting the Workplace Violence Incident:

- A. Complete Section B of the original FSIS Form 4735-4. If additional space is needed, use page 3.
- B. Discuss corrective/preventive action(s) with employee.
- C. Forward the completed original FSIS Form 4735-4 and any additional documentation/comments through your next-line supervisor for concurrence of corrective action.
- D. Retain a copy of FSIS Form 4735-4 and all related documents in a clearly labeled red colored 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 FSIS Form 4735-4. If additional space is needed, use page 3.
- B. Forward the completed original FSIS Form 4735-4 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 FSIS Form 4735-4. If additional space is needed, use page 3. Enter N/A if Section C is not utilized.
- B. Forward the completed original FSIS Form 4735-4 and any additional documentation/comments to the Workplace Violence Analyst.
- C. Forward a copy of the completed FSIS Form 4735-4 to the supervisor of the employee reporting the workplace violence incident.

FSIS DIRECTIVE 4735.4
 REVISION 3
 ATTACHMENT 1

U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE REPORTING FORM FOR ASSAULT, HARASSMENT, INTERFERENCE, INTIMIDATION, OR THREAT		1. CASE NUMBER (FOR WVPRB USE)	INSTRUCTIONS: Employee: Complete Section A of this form. Send original to your Immediate Supervisor. Send a copy to your District Manager or Program Manager/Director and a copy to the Workplace Violence Analyst (address is available in Attachment 3 of FSIS Directive 4735.4 Rev. 3). Retain one copy.		
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	
INCIDENT DESCRIPTION					
6. INCIDENT TYPE (Assault, Harassment, Interference, Intimidation, Threat)	7. DATE OF INCIDENT	8. TIME OF INCIDENT	9. INCIDENT LOCATION (City, State)	10. EST. NAME AND NO. (Where Incident Occured)	
11. INTERNAL SOURCE OR OUTSIDE SOURCE		12. WHAT WERE YOU DOING AT THE TIME OF THE INCIDENT?			
13. NAME, POSITION AND PHONE NUMBER OF THOSE INSTIGATING THE INCIDENT			14. NAME, POSITION AND PHONE NUMBER OF ANY WITNESSES		
SAMPLE					
Make sure blocks 15 thru 30 are checked, yes or no.		YES (✓)	NO (✓)		
15. LEFT WORKSITE				23. WITNESS STATEMENT(S) ATTACHED	YES (✓) NO (✓)
16. INJURY				24. INSPECTION WITHHELD	
17. MEDICAL TREATMENT				25. INSPECTION SUSPENDED	
18. MEDICAL REPORT ATTACHED				26. INSPECTION WITHDRAWN	
19. LAW ENFORCEMENT CONTACTED				27. WORKPLACE VIOLENCE HOTLINE CONTACTED	
20. LAW ENFORCEMENT REPORT ATTACHED				28. EMPLOYEE ASSISTANCE PROGRAM CONTACTED	
21. SUPERVISOR CONTACTED				29. SUICIDE PREVENTION HOTLINE CONTACTED	
22. PROPERTY DAMAGE				30. DOMESTIC VIOLENCE HOTLINE CONTACTED	
31. DESCRIBE WHAT HAPPENED DURING THE INCIDENT (Attach additional documentation as needed.)					
I certify that, to the best of my knowledge and belief, all of my statements are true, accurate, complete, and made in good faith.			32. SIGNATURE OF EMPLOYEE		33. DATE
FSIS FORM 4735-4 (10/15/2004) REPLACES FSIS FORM 4735-4 (12/01), WHICH IS OBSOLETE. Designed in FormFlow software.					

SECTION B. IMMEDIATE SUPERVISOR *(Attach additional documentation, as needed.)*

Discuss corrective/preventative 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.

34. NAME OF IMMEDIATE SUPERVISOR	35. POSITION TITLE/GRADE	36. PERMANENT DUTY LOCATION	37. DATE DISCUSSED WITH EMPLOYEE
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38. INCIDENT RESOLUTION EFFORTS *(Attach additional documentation as needed.)*

SAMPLE

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

I certify that, to the best of my knowledge and belief, all of my statements are true, accurate, complete, and made in good faith.

40. SIGNATURE OF IMMEDIATE SUPERVISOR

41. DATE

SECTION C. NEXT-LINE SUPERVISOR *(Complete Section C, forward completed original and any documentation/comments to appropriate management official.)*

42. NAME OF NEXT-LINE SUPERVISOR	43. POSITION TITLE/GRADE	44. PERMANENT DUTY LOCATION
----------------------------------	--------------------------	-----------------------------

45. COMMENTS *(Attach additional documentation, as needed.)*

I certify that, to the best of my knowledge and belief, all of my statements are true, accurate, complete, and made in good faith.

46. SIGNATURE OF NEXT-LINE SUPERVISOR

47. DATE

SECTION D. AGENCY MANAGEMENT OFFICIAL *(Management official forwards the completed original form with attachments to the Workplace Violence Analyst and a copy to the supervisor of the employee reporting the workplace violence incident.)*

48. NAME OF AGENCY MANAGEMENT OFFICIAL	49. POSITION TITLE/GRADE	50. PERMANENT DUTY LOCATION
--	--------------------------	-----------------------------

51. COMMENTS *(Attach additional documentation, as needed.)*

I certify that, to the best of my knowledge and belief, all of my statements are true, accurate, complete, and made in good faith.

52. SIGNATURE OF AGENCY MANAGEMENT OFFICIAL

53. DATE

REGIONAL OFFICES OF THE INSPECTOR GENERAL

GREAT PLAINS REGION

SPECIAL AGENT IN CHARGE
P.O. BOX 293
KANSAS CITY MO 64141-0293
(816) 926-7606

Colorado, Iowa, Kansas, Missouri,
Montana, North Dakota, South Dakota,
Utah, Nebraska, and Wyoming

MIDWEST REGION

SPECIAL AGENT IN CHARGE
111 N. CANAL STREET, SUITE 1130
CHICAGO IL 60606-7295
(312) 353-1358

Illinois, Indiana, Kentucky, Michigan,
Minnesota, Ohio, and Wisconsin

NORTHEAST REGION

SPECIAL AGENT IN CHARGE
26 FEDERAL PLAZA, ROOM 1409
NEW YORK NY 10278-0004
(212) 264-8400

Connecticut, Maine, Massachusetts,
New Hampshire, New Jersey, New
York, Rhode Island, and Vermont

MID-ATLANTIC REGION

SPECIAL AGENT IN CHARGE
ROOM 2-2230, MAIL DROP 5300
5601 SUNNYSIDE AVENUE
BELTSVILLE MD 20705-5300
(301) 504-2000

Delaware, District of Columbia,
Maryland, North Carolina,
Pennsylvania, Virginia, and West
Virginia

SOUTHEAST REGION

SPECIAL AGENT IN CHARGE
401 PEACHTREE STREET, NW, Room 2329
ATLANTA GA 30365-3520
(404) 730-3170

Alabama, Florida, Georgia, Mississippi,
Puerto Rico, South Carolina,
Tennessee, and Virgin Islands

SOUTHWEST REGION

SPECIAL AGENT IN CHARGE
101 SOUTH MAIN, ROOM 311
TEMPLE TX 76501
(254) 743-6535

Arkansas, Louisiana, Oklahoma, and
Texas

WESTERN REGION

SPECIAL AGENT IN CHARGE
75 HAWTHORNE STREET, SUITE 200
SAN FRANCISCO CA 94105-3920
(415) 744-2887

Alaska, Arizona, California, Hawaii,
Idaho, New Mexico, Nevada, Oregon,
Territory of Guam, Trust Territories of
the Pacific, and Washington

WORKPLACE VIOLENCE PREVENTION AND RESPONSE BRANCH

MR. ROLAND (RON) FRAVEL, III

Chief, Workplace Violence
Prevention and Response Branch
ROOM 3175 SOUTH BUILDING
1400 INDEPENDENCE AVENUE SW
WASHINGTON DC 20250-3700
E-mail: Roland.Fravel@fsis.usda.gov

Telephone Number: (202) 690-1999
Facsimile Number: (202) 690-1814

24 Hour Hotline Pager Number:
(888) 894-6217

MS. RENEE WILLIAMS

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