

INSTRUCTIONS FOR COMPLETING FSIS FORM 4735-4 (Refer to FSIS Directive 4735.4, Rev. 3)

I. 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.

II. 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.

III. 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.

IV. 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.

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 (<i>address is available in Attachment 3 of FSIS Directive 4735.4 Rev. 3</i>). Retain one copy.
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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 (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 Occurred)
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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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<i>Make sure blocks 15 thru 30 are checked, yes or no.</i>	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. 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>I certify that, to the best of my knowledge and belief, all of my statements are true, accurate, complete, and made in good faith.</i>	32. SIGNATURE OF EMPLOYEE	33. DATE
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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.)*

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
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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
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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

Additional documentation / comments: