Washington State Department of Social & Health Services

SAFETY AND CLAIMS MANAGEMENT SECTION

Report of Possible Client Assault

(Per RCW 72.01.045, RCW 74.04.790)

Submit to local supervisor as attachment to form DSHS 03-133 within one business day of incident.

DATE OF INCIDENT (PER 03-133)	
TIME OF INCIDENT	☐ AM ☐ PM

1. NAME OF EMPLOYEE / VOLUNTEER (LAST, FIRST, MI)	2. EMPLOYEE ID NUMBER	3. DATE OF REPORT

4. EMPLOYEE DECLARATIONS

	YES	NO
a. I was the recipient of unauthorized touching by a hostile, aggressive, or out-of-control client.	☐	☐
b. The unauthorized touching resulted in my physical injury.	☐	☐
c. My physical injury required, or is expected to require, medical treatment beyond first aid and / or lost work days.	☐	☐

5. CLIENT NUMBER	**Caution: Other than a client identification number, please do not cite the name, other personal identifiable information, or any health-related information regarding any client on this form or on attached documents.**

6. IDENTIFY THE PRECISE LOCATION WHERE THE INCIDENT OCCURRED

FACILITY	BUILDING	ROOM	FURTHER DESCRIPTION OF LOCATION

7. Was the location where the incident occurred your regular place of duty? ☐ ☐
If no, please explain:

8. Were you conducting your official duties when the incident occurred? ☐ ☐
If yes, please describe the duties that you were performing:

If no, please explain:

9. Were you personally familiar with, or had you been briefed about, the client who was involved in this incident? ☐ ☐

10. If you were familiar or had been briefed about the client involved in this incident, are you aware if the client was previously involved in similar incidents involving staff, other clients, or family members? ☐ ☐

11. Which best describes your immediate vicinity in the moments leading up to the incident **(check one)**:

- ☐ a. I was alone.
- ☐ b. I was alone with the client involved in the incident.
- ☐ c. I was alone with other clients, including the client involved in the incident.
- ☐ d. I was alone with other clients, **not** including the client involved in the incident.
- ☐ e. I was with other staff, but no clients.
- ☐ f. I was with other staff and the client involved in the incident.
- ☐ g. I was with other staff and other clients, including client involved in the incident.
- ☐ h. I was with other staff and other clients, **not** including client involved in the incident

12. Which best describes your proximity to the client involved in the incident just prior to the incident (**check one)**:

- ☐ a. Client was within arm's reach.
- ☐ b. Client was greater than arm's reach, but less than six feet away.
- ☐ c. Client was greater than six feet, but less than twenty feet away.
- ☐ d. Client was greater than twenty feet away.
- ☐ e. The client was not in the immediate proximate area.

13. Which best describes your activities in the moments leading up to the incident **(check one)**:

- ☐ a. My attention was on my primary duties that did not involve clients.
- ☐ b. My attention was on the client involved in the incident.
- ☐ c. My attention was on several clients, including the client involved in the incident.
- ☐ d. My attention was on several clients, **not** including the client involved in the incident.
- ☐ e. I was attempting to restrain an out of control client alone.
- ☐ f. I was helping other staff attempt to restrain an out of control client.
- ☐ g. I was transiting to / from another location alone or with other staff.
- ☐ h. I was transiting to / from another location accompanying clients.
- ☐ i. I was on my break / meal.
- ☐ j. Other (please describe):

14. Which of the following best describes your relative position to the client involved in the incident at the moment the incident occurred **(check one)**:

- ☐ a. I was seated facing the client.
- ☐ b. I was seated with my side to the client.
- ☐ c. I was seated with my back to the client.
- ☐ d. I was on my feet facing the client.
- ☐ e. I was on my feet with my side to the client.
- ☐ f. I was on my feet with my back to the client.
- ☐ g. Other (please describe):

15. Which of the following best describes the client's demeanor at the moment of assault **(check one)**:

☐ Happy	☐ Threatened	☐ Agitated
☐ Excited	☐ Fearful	☐ Angry
☐ Playful	☐ Sad	☐ Non-lucid
☐ Other (please describe):		

16. Describe what you were doing just prior to the incident. (Attach additional pages if needed.)

17. If you know, describe exactly what the client was doing just prior to the incident. (Attach additional pages if needed.)

18. Describe the communication, if any, you had with the client just prior to the incident. (Attach additional pages if needed.)

19. Describe the incident in detail. (Attach additional pages if needed.)

20. NAME OF EYEWITNESS(ES) TO THE INCIDENT (ATTACH ADDITIONAL PAGE(S) AS NEEDED)	PHONE NUMBER (AREA CODE)
a.	( )
b.	( )

21. TO WHOM WAS THIS INCIDENT FIRST REPORTED AND WHEN?

NAME	PHONE NUMBER (AREA CODE)	DATE	TIME
	( )		☐ AM ☐ PM

22. Employee's identification

EMPLOYEE'S PRIMARY WORK LOCATION	WORK PHONE NUMBER (AREA CODE)	SUPERVISOR'S NAME
	( )	
WORK ADDRESS		MAIL STOP
EMPLOYEE'S SIGNATURE		

FOR QUESTIONS: Call the Claims Management Section at 1-866-712-3890, or consult the Claims Section website at: http://one.dshs.wa.lcl/FS/Loss/WorkersComp/Pages/default.aspx

General Instructions

This document should be completed by an employee reporting an alleged assault and provided to the injured employee's supervisor within one (1) business day of the incident.

- Answer all questions as completely as possible. Incomplete forms will be returned for additional information and may delay payment of qualified benefits.
- Be sure to include the injured / ill individual's name and date of the incident on any sheets required to be attached.
- Sign and date the form, and submit all documents to the local chain-of-command. Copies should be forwarded to the local safety office and retained in local files for six years.