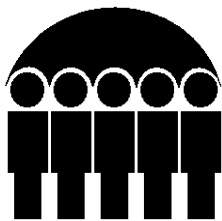


August 15, 2000

Employees' Manual  
Title 24  
Chapter F Appendix

# VIOLENCE-FREE WORKPLACE

## APPENDIX



Iowa  
Department  
of  
Human Services

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**Notice of Violence-Free Workplace Policy, 470-3582**

Purpose	Form 470-3582 is used to acknowledge receipt of instructions to review the state of Iowa's violence-free workplace policy by new and recalled employees.
Supply	Form 470-3582 is available in the ODDS.771 share on Hoover3s1 in the Empforms/New Employee Packet folder under the name "VIOLENCE- FREE WORKPLACE POLICY FORM."
Completion	The form is completed by the employee and signed by both the employee and the employee's supervisor.
Distribution	The signed form is retained in the employee's official personnel file.
Data	The form contains: <ul style="list-style-type: none"><li>◆ The employee's name.</li><li>◆ The name of the Department.</li><li>◆ Employee's signature.</li><li>◆ Date signed by the employee.</li><li>◆ Supervisor's signature.</li><li>◆ Date signed by the supervisor.</li></ul>

**Workplace Violence Report, 552-0669**

Purpose	The Iowa Department of Personnel uses form 552-0669 to collect reports of incidents of workplace violence, their resolution, and interim reports as requested.
Supply	Print supplies of this form from the sample in the ODS.771 share on Hoover3s1 in the “Empforms” folder, or from the on-line manual.
Completion	The supervisor investigating the incident completes the form: <ul style="list-style-type: none"><li>◆ Within ten working days of the incident or receipt of the complaint and</li><li>◆ Within ten working days after resolution of the complaint.</li></ul>
Distribution	The supervisor shall provide the completed form to: <ul style="list-style-type: none"><li>◆ The appropriate division administrator.</li><li>◆ The Division of Organizational Development and Support.</li><li>◆ The Iowa Department of Personnel.</li></ul>
Data	The form contains: <ul style="list-style-type: none"><li>◆ Information about the complainant or witness and the person completing the form.</li><li>◆ Information relating to the alleged offender (if known).</li><li>◆ Information relating to law enforcement contacts (if any).</li><li>◆ A detailed narrative describing the alleged incident and resolution.</li></ul> <p>The area entitled, “To Be Completed By Threat Assessment Coordinator” is for use by the Iowa Department of Personnel.</p>

**Work Site Inspection Checklist, RC-0062**

Purpose	The <i>Work Site Inspection Checklist</i> can be used to assist staff in evaluating their work site for the potential for violence. This checklist provides an initial, suggestive list of items for consideration by the responsible authority.
Supply	No supplies are printed. Copy the list from the Employee's Manual and make additions and deletions to the list as necessary for each work site.
Completion	Staff responsible for evaluating the potential for workplace violence at a particular site complete the checklist. The responsible authority also should determine the level or standard of compliance required for items on the modified checklist at their work sites.
Distribution	None.
Data	Recommended areas to evaluate include: <ul style="list-style-type: none"><li>◆ Staffing</li><li>◆ Training</li><li>◆ Facility design</li><li>◆ Physical facility security measures</li><li>◆ Outside the facility</li><li>◆ Workplace procedures</li></ul>

**Employee Perception of Violence in the Workplace, 470-3788**

Purpose	This questionnaire is designed to be given by managers and supervisors to employees to determine the employees' perception about violence in the workplace.
Supply	Print the form from the sample in the Employee's Manual.
Completion	To be completed by staff at a work site.
Distribution	Completed questionnaires should be returned to the employee's appropriate manager or supervisor.
Data	The document is self-explanatory.



THOMAS J. VILSACK, GOVERNOR  
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
JESSIE K. RASMUSSEN, DIRECTOR

August 15, 2000

**GENERAL LETTER NO. 24-F-AP-1**

ISSUED BY: Division of Organizational Development and Support

SUBJECT: Employees' Manual, Title 24, Chapter F, ***VIOLENCE-FREE WORKPLACE APPENDIX***, Title page, new; Contents (page 1), new; pages 1 through 4, new and the following new forms:

470-3582 *Notice of Violence-Free Workplace Policy*  
552-0669 *Workplace Violence Report*  
RC-0062 *Work Site Inspection Checklist*  
470-3788 *Employee Perception of Violence in the Workplace*

**Summary**

As part of the state's commitment to provide a violence-free workplace for employees and for those we serve, this chapter has been developed as a guide for promoting a safe working environment.

Forms are provided for employees to acknowledge the Department's policies and to report incidents of violence in the workplace. A checklist and a survey form are also included to help assess the potential for violence at the work site.

**Effective Date**

Upon receipt.

**Material Superseded**

None.

**Additional Information**

Refer questions about this general letter to your regional administrator or institution superintendent.