

EMPLOYEE PERCEPTION OF VIOLENCE IN THE WORKPLACE

This questionnaire is designed to be given by managers and supervisors to employees to determine the employee's perception about violence in the workplace. Employee perceptions are an important first step in taking action to improve safety and security in the workplace. Results will be tallied for the work site. These results will be used to suggest necessary changes at the work site.

Please complete this questionnaire and return it to _____ by _____.

Very-----Not at all
1 2 3 4 5
1. How concerned are you about your personal safety at work, exclusive of working with clients?

2. What is the reason for your concern? Please describe in one or two sentences?

Very safe-----Very unsafe
1 2 3 4 5
3. How safe do you feel in your current workplace?

4. Please explain what could be done to improve your feeling of safety in your current workplace. Include both changes to the physical facility and changes in practices.

5. Do you work directly with clients? Yes No

a. If YES, where do you work with clients? (Check all that apply)

____ In an office where others are present

____ In their home

____ Other (please specify) _____

Very safe-----Very unsafe
1 2 3 4 5
b. If YES, how safe do you feel working with clients?

c. If YES, what concerns do you have about working with clients?

6. Training about violence in the workplace

a. Have you received training about dealing with violence in the workplace? Yes No

b. Are you interested in receiving training about dealing with violence in the workplace? Yes No

If YES, what topics would you like to have covered?

7. Have you discussed any concerns you have about safety in your current workplace with your supervisor or manager? Yes No

If NO, please use this questionnaire to note your concerns.

If YES, do you feel the response was adequate? Yes No

Please explain if the response was not adequate.

Job Class _____

Work Site _____