



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	<input type="checkbox"/> AM <input type="checkbox"/> PM

1. NAME OF EMPLOYEE (FIRST, MIDDLE, LAST)	2. EMPLOYEE ID NUMBER	3. DATE OF REPORT
4. Were you conducting your official duties when the incident occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe what you were doing at the time of the incident:		
5. Were you personally familiar with, or had you been briefed about, the client who was involved in this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Which best describes your immediate vicinity in the moments leading up to the incident (check one): <input type="checkbox"/> a. I was alone. <input type="checkbox"/> b. I was alone with the client involved in the incident. <input type="checkbox"/> c. I was alone with other clients, including the client involved in the incident. <input type="checkbox"/> d. I was alone with other clients, not including the client involved in the incident. <input type="checkbox"/> e. I was with other staff, but no clients. <input type="checkbox"/> f. I was with other staff and the client involved in the incident. <input type="checkbox"/> g. I was with other staff and other clients, including client involved in the incident. <input type="checkbox"/> h. I was with other staff and other clients, not including client involved in the incident		
7. Which best describes your proximity to the client involved in the incident just prior to the incident (check one): <input type="checkbox"/> a. Client was within arm's reach. <input type="checkbox"/> b. Client was greater than arm's reach, but less than six feet away. <input type="checkbox"/> c. Client was greater than six feet, but less than twenty feet away. <input type="checkbox"/> d. Client was greater than twenty feet away. <input type="checkbox"/> e. The client was not in the immediate proximate area.		
8. Which best describes your activities in the moments leading up to the incident (check one): <input type="checkbox"/> a. My attention was on my primary duties that did not involve clients. <input type="checkbox"/> b. My attention was on the client involved in the incident. <input type="checkbox"/> c. My attention was on several clients, including the client involved in the incident. <input type="checkbox"/> d. My attention was on several clients, not including the client involved in the incident. <input type="checkbox"/> e. I was attempting to restrain an out of control client alone. <input type="checkbox"/> f. I was helping other staff attempt to restrain an out of control client. <input type="checkbox"/> g. I was transiting to / from another location alone or with other staff. <input type="checkbox"/> h. I was transiting to / from another location accompanying clients. <input type="checkbox"/> i. I was on my break / meal. <input type="checkbox"/> j. Other (please describe):		
9. Which of the following best describes your relative position to the client involved in the incident at the moment the incident occurred (check one): <input type="checkbox"/> a. I was seated facing the client. <input type="checkbox"/> b. I was seated with my side to the client. <input type="checkbox"/> c. I was seated with my back to the client. <input type="checkbox"/> d. I was on my feet facing the client. <input type="checkbox"/> e. I was on my feet with my side to the client. <input type="checkbox"/> f. I was on my feet with my back to the client. <input type="checkbox"/> g. Other (please describe):		
10. Which of the following best describes the client's demeanor at the moment of assault (check one): <input type="checkbox"/> Happy <input type="checkbox"/> Threatened <input type="checkbox"/> Agitated <input type="checkbox"/> Excited <input type="checkbox"/> Fearful <input type="checkbox"/> Angry <input type="checkbox"/> Playful <input type="checkbox"/> Sad <input type="checkbox"/> Non-lucid <input type="checkbox"/> Other (please describe):		

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

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

EMPLOYEE'S SIGNATURE

DATE

FOR QUESTIONS: Call the Enterprise Risk Management, Insurance Services, Claims Program at 1-866-712-3890, or consult the Claims SharePoint at: <http://one.dshs.wa.lc/FS/Loss/WorkersComp/Pages/default.aspx>

General Instructions

This document should be completed by an employee reporting an alleged assault and provided to the 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 employee'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 must be forwarded to the local safety office and retained in local files for six years.
- The Safety Officer / representative must forward copies to:

ERMO Insurance Services Office
PO Box 45882
Mail Stop: 45882
Olympia WA 98504-5882