



Workplace Violence Prevention Plan Employee Feedback Form

Date: _____ Location: _____

Name (optional): _____ Position (optional): _____

Department/Project (optional): _____

(If Anonymous – Please drop off hard copy in Risk Management Mailbox)

1. Describe any specific situations or areas in the workplace that you believe pose a risk for violence:

2. Have you noticed any environmental factors (e.g., poor lighting, blocked exits, lack of security) that could increase risk? Please detail:

3. What changes do you believe would help mitigate these risks?

4. Are there any policies or procedures that you believe need to be revised to enhance safety?

5. Additional comments or suggestions:

6. Would you like to be contacted for further discussion?

- Yes
- No

Contact Information (if yes): _____

Thank you for taking the time to share your observations. Your input is crucial for maintaining a safe work environment.