



Notification Of Workplace Violence Form

TO BE FILLED BY SUPERVISOR/MATRON/SISTER IN CHARGE OF THE RESPECTIVE DEPARTMENT

SUBMIT COMPLETED FORM TO:
Bahagian Perubatan (Unit Kualiti) / KPAS
Jabatan Kesihatan Negeri
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Part A – Notifier
Name:

Designation:

Address Of Clinic/Hospital:

Part C – Workplace Violence
Date Of Incident:

Diagnosis / Provisional Diagnosis:

Part B – Affected Person
Name:

Date Of Birth:

New IC/Passport Number:

Nationality:

Gender: Male / Female

Ethnic Group:

Occupation:

Name & Address Of Organization:

Location Of Incident:

Contact Number:

Part D

- a) *What kind of work did the victim do which may be associated with the violence? (Describe the work activities)*

- b) *What are the reason(s) which may have contributed to the violence?*

- c) *What is the relationship of the assailant to the victim? (Eg: Patient, Family Member, Co-worker)*

- d) *What are the physical/traumatic/emotional injury sustained by the victim?*

Signature Of Notifier: _____ Name & Address Of Notifier:
Date: _____

CARTA ALIR PROSES NOTIFIKASI KEKERASAN DI HOSPITAL/INSTITUSI PERUBATAN

LAMPIRAN I

