



## Discharge – Altercation

Please answer all questions below. Any questions left unanswered will not be considered when determining your eligibility for Unemployment Insurance.

Claimant Name: \_\_\_\_\_ Last 4 Digits of Claimant’s Social Security #: \_\_\_\_\_

Employer Representative Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer Representative Title: \_\_\_\_\_ Date completed Questionnaire: \_\_\_\_\_

Are you authorized to provide a statement on behalf of the company?  YES  NO

### Employer Statement

1. What was the claimant’s last physical date of work (mm/dd/yyyy)? \_\_\_\_\_

2. What date was the claimant fired/discharged (mm/dd/yyyy)? \_\_\_\_\_

3. Who discharged the claimant? Name: \_\_\_\_\_

Title: \_\_\_\_\_

4. What was the final incident that caused the claimant’s discharge?

5. When did this incident occur (mm/dd/yyyy)? \_\_\_\_\_

a. If there is a gap in time between the date of the altercation and the date of the discharge, please explain why you waited to discharge the claimant.

6. With whom did the claimant have an altercation?

Co-Worker  Supervisor  Customer  Client  Other

If Other, please specify: \_\_\_\_\_

7. Was the altercation a physical fight or verbal altercation?

Physical Fight  Verbal Altercation

8. Did the claimant start the altercation?  YES  NO

9. Were there any witnesses?  YES  NO

a. If yes, who witnessed the event? \_\_\_\_\_

*NOTE: If witnessed, please obtain and provide witness statement(s).*

10. Did the claimant admit to the altercation?  YES  NO

11. Was the other participant(s) in the altercation disciplined?  YES  NO

a. If no, why not?

12. Is there a company policy regarding violence in the workplace?  YES  NO

a. If yes, what is the specific policy?

b. If yes, was the claimant aware of the policy?  YES  NO

i. If yes, how was the policy told to the claimant?

- Bulletin Board     Email     Handbook/Handout  
 Verbally     Video     Not Informed

13. Has the claimant been involved in any other prior incident or incidents of altercations or violence in the workplace?  YES  NO

a. If yes, please provide details and date(s):

b. If yes, was the claimant previously for any prior altercations or violence in the workplace?  
 YES  NO

a. If yes, provide date of last warning (mm/dd/yyyy): \_\_\_\_\_

i. Type of warning:  Verbal     Written     Final

ii. Provide details of last warning:

iii. Name and title of person who issued the last warning:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

14. Provide details of any other warnings issued to the claimant. Include dates and name(s) of the individual(s) who issued the warning(s). If the claimant did not have any prior warnings, indicate "None".

15. Enter any additional information you feel may be necessary:

*I hereby certify that, to the best of my knowledge and belief, the information I have provided is true.*

YES  NO

Signature: \_\_\_\_\_

### English

**Important!** This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call (401) 415-6772** for assistance in the translation and understanding of the information in this document.

### American Sign Language

**Important!** Please visit here for ASL version of this document: [https://www.youtube.com/channel/UCQuwufqdfDDY3cLU3nyH\\_w/videos](https://www.youtube.com/channel/UCQuwufqdfDDY3cLU3nyH_w/videos)

### Spanish / Español

**¡Importante!** Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (401) 415-6772** para pedir asistencia en traducir y entender la información en este documento.

### Chinese - Traditional / 繁體中文

**重要須知!** 本文件包含**重要資訊**, 事關您的權利、責任, 和/或福利。請您務必理解本文件所含資訊, 而我們也將使用您偏好的語言, 無償為您提供資訊。**請致電 (401) 415-6772** 洽詢翻譯及理解本文件資訊方面的協助。

### Vietnamese / Việt

**Lưu ý quan trọng!** Tài liệu này chứa **thông tin quan trọng** về quyền hạn, trách nhiệm và/ hoặc quyền lợi của quý vị. Việc hiểu rõ thông tin trong tài liệu này là rất quan trọng, và chúng tôi sẽ cung cấp miễn phí cho quý vị thông tin này bằng ngôn ngữ mà quý vị ưa dùng. **Hãy gọi (401) 415-6772** để được hỗ trợ về việc thông dịch và hiểu thông tin trong tài liệu này.

### Tagalog / Tagalog

**Mahalaga!** Naglalaman ang dokumentong ito ng **mahalagang impormasyon** tungkol sa iyong mga karapatan, responsibilidad at/o benepisyo. Napakahalaga na nauunawaan mo ang impormasyong nakapaloob sa dokumentong ito, at ibibigay namin nang libre ang impormasyon sa pinili mong wika. **Tumawag sa (401) 415-6772** upang humingi ng tulong sa pagsasaling-wika at pag-unawa sa impormasyong nasa dokumentong ito.

### Arabic / العربية

مهم! يحتوي هذا المستند على معلومات مهمة حول حقوقك ومسؤولياتك وأوفوائتك. من الأهمية بمكان فهم المعلومات الواردة في هذا المستند، وسنوفر المعلومات بلغتك المفضلة دون تحميلك أي تكلفة. اتصل على الرقم للحصول على مساعدة في ترجمة المعلومات الواردة في (401) 415-6772 هذا المستند وفهمها.

### French / Français

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### Haitian Creole / Kreyòl Ayisyen

**Enpòtan!** Dokiman sa a gen **enfòmasyon enpòtan** ladan konsènan dwa, responsablite ak/oswa avantaj ou yo. Li ap vrèman enpòtan pou ou konprann enfòmasyon yo ki nan dokiman sa a, epi n ap ba ou enfòmasyon sa yo nan lang ou prefere a gratis. **Rele (401) 415-6772** pou jwenn asistans pou tradui ak pou konprann enfòmasyon ki nan dokiman sa a.

### Portuguese / Português

**Importante!** Este documento contém **informações importantes** sobre os seus direitos, responsabilidades e/ou benefícios. É essencial que compreenda as informações constantes neste documento, as quais disponibilizaremos, gratuitamente, na língua à sua escolha. **Contacte o número (401) 415-6772** para solicitar ajuda para traduzir e compreender as informações contidas neste documento.

### Russian / русский

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### Korean / 한국어

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