

**UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER
HUMAN RESOURCES DEPARTMENT**

ADMINISTRATIVE MEMORANDUM A-41

SUBJECT: Anti-Violence Policy

REFERENCES: HSC Search Policy
CU Sexual Harassment Policy
Regental Policy 14-I (Weapons)

EFFECTIVE DATE: This memorandum is effective November 1, 2001

PURPOSE: This memorandum defines the policy HSC will use to strive to maintain a campus free of intimidating, threatening, or violent behavior.

APPLICABILITY: Faculty, Classified, Unclassified Employees, Students, and Visitors.

DISTRIBUTION: Vice Chancellors, Associate Vice Chancellors, Assistant Vice Chancellors, Department Chairs, Administrators and Supervisors

Purpose

The University of Colorado Health Sciences Center strives to maintain a campus free of intimidating, threatening, or violent behavior, including but not limited to, verbal and/or physical aggression, attack, threats, harassment, intimidation, or other disruptive behavior in any form or by any media, which causes or could cause a reasonable person to fear physical harm by an individual(s) or group(s) against any person(s) and/or property.

Policy

University employees, students, affiliates, and visitors who engage in prohibited behavior shall be held accountable under University policy and local, state, and federal law. Any employee or student who commits or threatens to commit prohibited behavior may be subject to disciplinary action, up to and including, dismissal or expulsion, as well as arrest and prosecution. Any visitor or affiliate who commits or threatens to commit prohibited behavior may be subject to exclusion from campus, arrest, prosecution, termination of his or her business relationship with the University, and/or any other appropriate action.

Prohibited Behaviors

No form of intimidating, threatening, or violent behavior will be tolerated. Such behavior includes, but is not limited to:

- a. Intimidating behavior which includes language or action that unreasonably disrupts the work or learning environment, causes undue emotional distress to another, or creates a reasonable fear of injury to a person;
- b. Threatening behavior which includes physical actions without physical contact or injury, and general or implied threats to people or property; and,
- c. Violent behavior which includes any physical assault with or without weapons, throwing objects, destroying property, and specific or expressed threats to inflict harm to people or destruction of property.

Weapons

The possession, display, or use of any weapon, including any firearm, or the display or use of any object as a weapon, by any person other than a law enforcement officer in the course of his/her duty or by any person who has written permission from the Chief of Police or from the Chancellor after consultation with the Chief of Police, in any location where University business is conducted, is a violation of Regental Policy 14-I and is strictly prohibited. This policy applies even to individuals who are carrying a weapon pursuant to a valid concealed weapons permit; such a permit does not operate to remove an individual from the scope of this policy. Possession of a firearm or weapon on University owned, leased, or controlled property may be cause for immediate termination of employees, removal of visitors, expulsion of students, arrest and/or prosecution or any other action the University deems appropriate.

Reporting Procedures

A. Emergency or Life-Threatening Situations

In the case of an emergency or life-threatening situation, immediately call 911.

B. Non-Emergency Situations

In all other situations, notify Human Resources (303) 724-0150. If before or after normal business hours, if Human Resources is otherwise unavailable, or if the situation involves a Human Resources employee, notify University Police (303) 315-8888 (Health Sciences Center campus) or (303) 724-4444 (Fitzsimons campus).

C. Responsibility to Report

Anyone witnessing or receiving a report of prohibited behavior, or possession, display, or use of any weapon should immediately notify the appropriate authority, as listed above.

D. Workplace Violence Incident Report Form

The Workplace Violence Incident Report Form will be used by Human Resources and University Police to document each alleged violation of this policy. Copies of the form are available at Human Resources.

E. Non-retaliation and Confidentiality

To the extent possible, no adverse action will be taken against anyone truthfully reporting a violation of this policy. Further, every effort will be made to protect the confidentiality of all personal identifying information provided in reports of violations of this policy.

Disposition and Task Force Team

A. Disposition

All reports of prohibited behavior, or possession, display, or use of any weapon will be investigated by the appropriate authority.

B. Task Force Team

When determined to be necessary by Human Resources, or University Police if the situation involves a Human Resources employee, a report will be referred to the Task Force Team. The Task Force Team will investigate reports regarding prohibited behavior or possession, display, or use of any weapon, and coordinate the University's response to violent behavior. The following departments will designate individuals to serve on the Task Force Team:

- Human Resources,
- University Police,
- Risk Management,
- Legal, and
- Health and Safety.

Additionally, a licensed psychiatrist from the Department of Psychiatry shall be available for consultation with the Task Force Team in regard to mental health issues.

Training

The University encourages the training of all employees, students and affiliates in this area. Please contact Human Resources for more information.

James H Shore, MD
Chancellor

UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER WORKPLACE INCIDENT REPORT
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Name of Complainant: _____
Department Name: _____
Address: _____
Work Phone: _____ Home Phone: _____
Supervisor's Name: _____

INCIDENT INFORMATION:

Date of Incident: _____ Time of Incident: _____ AM / PM
Location of Incident: _____
Nature of Incident:

(Use additional pages if needed)

Name of the Individual(s) involved: _____
Male: _____ Female: _____ Employer: _____
Name of the Individual(s) involved: _____

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Male: _____ Female: _____ Employer: _____

Name of the Individual(s)involved: _____

Male: _____ Female: _____ Employer: _____

Any other Description: _____

Name of Witnesses: _____

What the Complainant believes witnesses observed: _____

Have the Police been contacted? _____ YES _____ NO

If Yes, which Police Department? UCHSC _____ AURORA _____ DENVER _____
OTHER (please specify): _____

Statement by the Complainant: I _____ have read and reviewed the statements that are contained on this form and to my knowledge they are complete and accurate.

Signature: _____ Date: _____

Name of Interviewer: _____ Department: _____

Signature: _____ Date: _____