A. INTRODUCTION

The University of Colorado 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. This policy is not intended to regulate the content of an individual’s speech but is instead meant to address the manner in which individuals behave. This policy applies to academic, administrative, research, and service departments, programs activities and/or services wherever University of Colorado Denver and University of Colorado Anschutz Medical Campus business is conducted, including extended studies and international locations.

B. POLICY STATEMENT

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 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.

Examples of prohibited behaviors may include any of the following behaviors that have the effect of causing a reasonable person to be in fear of harm to themselves or others, but are not limited to: (1) disturbing the peace by violent, tumultuous, offensive, or obstreperous conduct; (2) engaging in intimidating, threatening, or hostile statements or actions that unreasonably disrupts the work or learning environment, causes undue emotional distress to another, or creates a reasonable fear of injury to a person; (3) making gestures that convey threats; (4) or using fighting words; (5) uttering ethnic, racial, or sexual epithets; (6) making threatening comments about, or references to, violent events and/or behaviors; (7) waving fists, pushing, stalking, bullying, hazing; (8) destroying personal property in the workplace; (9) destroying university property; (10) physically assaulting or attacking persons or property; (11) throwing objects at persons or property; (12) engaging in vandalism, arson, or sabotage.

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 Regent Policy 14-1 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 or the Auraria Campus 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.

C. REPORTING PROCEDURES

1. Emergency or Life-Threatening Situations

   In the case of an emergency or life-threatening situation, immediately call 911. A call to 911 will go to the appropriate Campus, City, or County law enforcement agency. A call to 911 from any telephone automatically registers the location of the telephone on which the 911 call was placed, even if no words are spoken.

2. Non-Emergency Situations

   In all other situations, notify Human Resources (303) 315-2700. 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 at (303) 724-4444, or Auraria Campus Police at (303) 556-3271.

3. Responsibility to Report
Anyone witnessing or receiving a report of prohibited behavior, or possession, display or use of any weapon shall immediately notify the appropriate authority, as listed above. Any supervisor who fails to make such a report shall be subject to corrective/disciplinary action.

4. **Workplace Violence Incident Report Form (Exhibit A)**

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.

5. **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.

**D. DISPOSITION TASK FORCE TEAM AND TRAINING**

1. **Disposition**

All reports of threatened, potential, or actual violent behavior or possession, display or use of any weapon will be investigated, verified, documented, and confronted.

2. **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
- Health and Safety

3. 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.

4. **Training**

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

Notes

1. Dates of official enactment and amendments:
   
   September 1, 2005: Adopted
   October 21, 2011: Revised

2. History:
   
   February 1, 2019: Modified to reflect a Campus-wide effort to recast and revitalize various Campus policy sites into a standardized and more coherent set of chaptered policy statements organized around the several operational divisions of the university.

3. Initial Policy Effective Date: September 1, 2005

4. Cross References/Appendix:
   - Regents Policy 4.1
   - Exhibit A, Workplace Incident Form
UNIVERSITY OF COLORADO DENVER

WORKPLACE INCIDENT REPORT

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 other Individual(s) involved: ________________________________
Male: ___________ Female: ___________ Employer: ________________________

Name of other 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:____________________