



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 your Social Security #: _____ Date completing questionnaire: _____

Claimant Statement

1. What was your last physical date of work? _____
2. When were you fired/discharged (mm/dd/yyyy)? _____
3. Who fired you? Name: _____
 Title: _____

4. What reason were you given for being discharged?

5. Who did you get into an altercation with (check all that apply)?

- Co-Worker
 Supervisor
 Customer
 Client
 Other

If Other, please specify: _____

6. Was it a physical fight or a verbal altercation? Physical Fight Verbal Altercation

7. Did you start the altercation? YES NO

8. Why did you get in the altercation?

9. Were there any witnesses? YES NO

If yes, who witnessed the event? _____

10. Does the employer have a policy regarding altercations or violence in the workplace? YES NO

If yes, were you aware of the policy: YES NO

If yes, what is your understanding of this policy?

How were you notified of the policy?

- Bulletin Board
 Email
 Handbook/Handout
 Verbally
 Video
 Not Informed

Rhode Island Department of Labor and Training
Unemployment Insurance - Central Adjudication Unit
P.O. Box 20067, Cranston, RI 02920
Fax: 401-462-8318

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11. Has there been a prior incident or incidents where you were involved in an altercation? YES NO

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

If yes, were you previously warned for any prior altercations or issues of violence? 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: _____

12. Provide details of any other warnings you were issued, including dates and the name(s) of the individual(s) who issued the warning(s). If you did not have any prior warnings, indicate "None."

13. 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: _____