

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

Discharge – ALTERCATION

Claimant Name: _____ Last 4 Digits of Claimant's Social Security #: _____

Employer Representative Name: _____ Telephone: _____

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

If yes, what is the specific policy?

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

a. If yes, how was the claimant made aware of the policy?

- 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

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

If yes, was the claimant previously warned 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 the dates and the 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: _____