



BOARD OF DIETETICS AND NUTRITION PRACTICE

335 Randolph Avenue • Suite 210 • St. Paul MN 55102
Telephone (651) 201-2764 • Fax (651) 797-1378
[mn.gov/boards/dietetics-and-nutrition/
board.dietetics-nutrition@state.mn.us](http://mn.gov/boards/dietetics-and-nutrition/board.dietetics-nutrition@state.mn.us)

Workplace Violence Prevention – Reporting Procedures (Appendix A)

Emergency Situations

If you or others are in immediate danger, move to a safe place if possible, and call 9-1-1.

Follow the reporting procedures when it is safe to do so. Do not physically engage a hostile or threatening person, unless to protect yourself or others against an immediate threat of physical injury.

Threats

The Department of Administration, Minnesota Management and Budget or a SmART agency may receive threats against the department or a member of the department, or another agency or employee.

Take all threats seriously. If necessary, immediately remove yourself from the situation to get to a safe place. When it is safe to do so, report the threat or violence to any of the following:

- 1) Call 9-1-1 if it is an emergency or imminent threat.
- 2) Randolph Square security desk at 651-201-2871.
- 3) Your supervisor or your senior leader.
- 4) Admin Continuity Manager at 651-263-5022.
- 5) Admin Safety Administrator at 651-201-8211; or Admin Human Resources at 651-259-3700.

If the threat report concerns an agency head or the conduct of a team member, contact Admin Human Resources at 651-259-3700 or by email at HR.Services.Admin-MMB@state.mn.us.

Any employee may also complete a Threat Assessment Form located at the end of these procedures in Appendix B.

Non-emergency situations

Non-emergency situations should be reported as soon as possible after the incident occurs. Gather and document as much information as you can while balancing the need to make the report in a timely manner.

Non-Retaliation

Any form of retaliation directed against an individual who makes a report under this policy or participates in any investigation of a report under this policy is strictly prohibited. Retaliation includes conduct or communication designed to prevent a person from opposing or reporting workplace violence. Any employee who is found to have engaged in retaliation in violation of this policy will be subject to discipline, up to and including discharge. Third parties who are found to have engaged in retaliation in violation of this policy will be subject to appropriate action.

Workplace Violence Incident/Threat Assessment Form (Appendix B)

General Information:

It is the goal of the MN Board of Dietetics and Nutrition Practice (the Board), the Department of Administration (Admin), Minnesota Management and Budget and SmART agencies to achieve a work environment, which is free from threats and



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acts of violence. Workplace violence of any type, from any source, will not be tolerated. This includes threatening or violent actions by employees directed against other employees, department customers, or other workplace visitors, and by department customers or visitors directed against department employees. The policy on work-related violence includes:

- The Board will actively work to prevent and eliminate acts of work-related violence.
- The Board will respond promptly, positively, and aggressively to deal with threats or acts of violence. This response will include timely involvement of law enforcement agencies, when appropriate.
- The Board hereby adopts, and will work to enforce, a policy of prohibiting possession of firearms and other dangerous weapons in the workplace.
- Incidents of work-related threats or acts of violence will be treated seriously by the Board.
- Reports of such acts will be promptly investigated, and management will take action as necessary to appropriately address each incident.
- The Board will take disciplinary action, up to and including discharge from state employment, against employees who are involved in work-related threats or acts of violence.
- The Board will support criminal prosecution of those who threaten or commit work related violence against its employees or any visitors to its work environment.

Pursuant to Minnesota Statute 15.86, this policy does not create any civil liability on the part of the State of Minnesota.

Privacy Notice: The information you provide may become part of an administrative investigation conducted under the direction of the Minnesota Department of Administration and may be classified as private or confidential data under Minnesota State Statute Chapter 13. The information you supply may also be used in a grievance hearing, arbitration or other appeal procedure and you may be asked to testify at these hearings. Your contact information is requested so that you can be contacted to provide additional information. You are not legally required to supply the data, however if you do not provide it, it may impact the ability to fully investigate your concerns. The information will be made available only to those with a legitimate business need to know the information and to those authorized by state and federal law.

COMPLETE THREAT ASSESSMENT FORM AND SEND TO YOUR HUMAN RESOURCES STAFFING REPRESENTATIVE OR TO HR.Services.Admin-MMB@state.mn.us

PLEASE INCLUDE AS MUCH DETAIL AS POSSIBLE.

Workplace Violence Incident/Threat Assessment Form

DATE

Date of Report:

EMPLOYEE/REPORTER

Name of Individual Completing Report:



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Working title:

Name of Supervisor:

Title of Supervisor:

Board/Agency/Division:

Contact Information (email/phone):

INCIDENT/EVENT

Date of Incident/Event:

Time of Incident/Event:

Location of Incident/Event:

Name of Individual(s) involved:

DESCRIPTION OF INCIDENT/EVENT

Description of incident or event that is of concern (What about the incident was concerning?) Please describe as many details as possible (who, what, where, when, etc.):

Explanation of actions already taken to mitigate de-escalate the incident or potential violence:



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RESPONDENT INFORMATION

Name of Respondent(s) (if known):

Board/Agency/Division of Respondent:

Contact information (email/phone):

Office location:

Relationship to Complainant:

WITNESS INFORMATION

Witness Name and Contact Information (phone/email):

Witness Name and Contact Information (phone/email):

Witness Name and Contact Information (phone/email):

Witness Name and Contact Information (phone/email):



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Appendix C: Recognizing Warning Signs of Violence

Note: The following should be considered “red flags.” No “profile” exists for likely perpetrators.

- Extreme changes in behavior.
- Has a history of assaultive behavior.
- Knowingly demonstrates intimidating, belligerent or harassing behavior.
- Making veiled and/or actual threats of violence.
- Having numerous conflicts with others in the workplace.
- Making inappropriate references to weapons, expressing a fascination with weapons and/or bringing in or brandishing weapons.
- Making statements indicating desperation (i.e. family, financial, or other personal problems) and/or a desire to harm themselves.
- Reacts poorly to criticism and/or accepting responsibility for own mistakes.
- Expresses feelings of others “out to get them.”
- Other persons are afraid or apprehensive of this person.

Reporting threatening behavior: Report threatening behavior and incidents of violence using the [Workplace Violence Incident/Threat Assessment Form at Appendix B](#).

Important: Reports are considered private data and are handled through the Human Resources Office. Every effort will be made to protect your privacy.