

# Preventing Violence in Healthcare Organizational Commitment Form

Facility/Organization Name: \_\_\_\_\_

Contact Person (working on violence prevention): \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

E-mail: \_\_\_\_\_

The undersigned has committed to making workplace violence prevention a top priority in their organization by agreeing to take the following actions and to support making the following standard practice in Minnesota:

- Declare violence prevention a priority for your organization;
- Commit to complete the 'Prevention of Violence In Healthcare' (add link) gap analysis within 30 days;
- Support the development (or continued work) of a violence prevention committee in your organization;
- Participate in educational webinars on this topic over the next 6-9 months, supported by the coalition; and,
- Complete a survey in 6-9 months sharing progress and continued needs to shape next steps for the coalition and the campaign.

Signature of CEO/Administrator: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

After signing this form, please return it to Rachel Jokela by email at [Rachel.Jokela@state.mn.us](mailto:Rachel.Jokela@state.mn.us) by August 11th, 2014. Your organization name will then be added to the website as a participant in this statewide work.