

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.
Your organization name will then be added to the website as a participant in this statewide work.