

Scotia Glenville Central School District
Workplace Violence Incident Report
VIOLENCE INCIDENT REPORT FORM

THIS FORM IS USED FOR REPORTING INCIDENT AND INFORMATION COLLECTION PURPOSES

Directions: Complete this form and forward the original to :

- 1) Designated Contact Person/ Supervisor/ Building Principal**
- 2) Supervisor/ Building Principal will review and send to:**

District Workplace Violence Prevention Program Coordinator:

Jill Bush jbush@sgcsd.net Human Resources Ext. 1637306

- 3) Or directly to the District Workplace Prevention Coordinator if Supervisor/Principal is the person you are reporting.

A reportable incident is defined as any physical assault or acts of aggressive behavior occurring where an employee performs any work-related duty in the course of their employment including, but not limited to:

- An attempt or threat, whether verbal or physical, to inflict physical injury upon an employee;
- Any intentional display of force which would give an employee reason to fear or expect bodily harm;
- Intentional and wrongful physical contact with an employee without their consent that entails some injury;
- Stalking an employee with the intent of causing fear of material harm to the physical safety and health of the employee when the stalking has arisen through and in the course of employment.

Provide a detailed description of the incident(s) below.

Name/ Title of employee reporting the incident _____

Name/Titles of involved employees : _____

Date of Incident: _____ Time of Incident: _____

Specific Location of Incident: _____

What is your complaint based on? Verbal Threat _____ Physical Assault _____ Other _____

Were Injuries Sustained: Yes _____ No _____ Medical Attention Provided (if known): _____

Did incident involve : ___ Student ___ staff member(s) ___ parent ___ Other

Was anyone else present during the incident? Yes _____ No _____

Names of those present/ position/ title if known)

Description of the incident: (include events leading up to the incident and conclusion)

Please describe in detail what happened : (attach additional information if needed)

Employee Signature

Date

***NOTE:** If the case is a “privacy concern case,” remove the name of the employee who was the victim of the workplace violence and enter “Privacy Concern Case” in the space normally used for the employee’s name. Privacy concern cases include cases involving:*

- Injury or illness to an intimate body part or reproductive system;
- Injury or illness resulting from a sexual assault;
- Mental illness;
- HIV infection;
- Needle stick injuries and cuts from sharp objects that are or may be contaminated with another person’s blood or other potentially infectious material; and
- Other injuries and illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the report.

Date Received at District Office _____ Submitted by : _____

District Response

Detail the actions that the District has taken in response to this incident of workplace violence:

Detail the actions that the District has taken or is considering as a result of the incident to prevent similar occurrences from happening in the future:

Completed by: _____
(name and title)

Completed on: _____
(Date)