

**Recordkeeping - Workplace Violence Incident Report**

**When did the incident occur?**

Date \_\_\_\_\_ Time \_\_\_\_\_

**At what workplace location did the incident occur?**

\_\_\_\_\_

**Provide a detailed description of the incident below.**

*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"*

**Name of employee reporting incident** \_\_\_\_\_

**Name & job title of involved employees.**

- |               |                 |
|---------------|-----------------|
| 1. Name _____ | Job Title _____ |
| 2. Name _____ | Job Title _____ |
| 3. Name _____ | Job Title _____ |
| 4. Name _____ | Job Title _____ |
| 5. Name _____ | Job Title _____ |

**Name or other identifier of other individuals involved.**

1. Name \_\_\_\_\_
2. Name \_\_\_\_\_
3. Name \_\_\_\_\_
4. Name \_\_\_\_\_
5. Name \_\_\_\_\_

**Nature and extent of injuries arising from the incident.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Witnesses.**

1. Name \_\_\_\_\_
2. Name \_\_\_\_\_
3. Name \_\_\_\_\_
4. Name \_\_\_\_\_
5. Name \_\_\_\_\_

**Events leading up to the incident and how the incident ended.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

UPON COMPLETION THIS SHOULD BE IMMEDIATELY EMAILED TO HUMAN RESOURCES [hrdept@roslynschools.org](mailto:hrdept@roslynschools.org)

(This document is provided by the New York State Department of Labor and modified by Nassau BOCES for school district use)