

Cazenovia Central School District Workplace Violence Prevention Program

ATTACHMENT 4

Workplace Violence Incident Report

1. Date of incident: _____ Time of day when the incident occurred: _____

2. District location (i.e., building) where the incident occurred: _____

3. *Names and job titles of *employee victims*:

4. Names and job titles of other involved *employees*, if any:

5. Names – or identifiers – of others involved (*not employees*), if any:

6. Nature and extent of injuries arising from the incident and to whom, if any:

7. Names of witnesses, if any:

* **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 the 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 or illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the report.

* **Note:** Employees who are victims of workplace violence can independently and voluntarily request that their name not be entered on the report.

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8. Provide a detailed description of the incident below, including the events leading up to the incident and how the incident ended: _____

Date Report Submitted

*Signature (unless privacy concern)

Name of Immediate Supervisor/Principal

*Print Name (unless privacy concern)

Additional Information:

- **Attach any relevant documents, emails, or other evidence related to the incident.**

Record attachment(s) description(s):
