

Ichabod Crane Central School District Workplace Violence Prevention Program

APPENDIX 6B

WORKPLACE VIOLENCE INCIDENT REPORT FORM

Date of Incident: _____ Time: _____ Location/Building: _____

Provide a detailed description of the incident(s) 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" 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 his or her name not be entered on the report.

Name of employee/title reporting the incident: _____

Names/Titles of involved employees:

Names of Witnesses:

Description of the incident: (include events leading up to the incident and how it ended)

Name of alleged perpetrator(s) and relationship to employee (i.e. co-worker, student, etc.)

Describe the nature and extent of any injuries arising from the incident, including the names of the individual(s) injured.

FOR DISTRICT USE ONLY:

Actions taken in response to this incident, include actions being considered to prevent similar occurrences from happening in the future:

Signature of WPV Coordinator

Date

Case log #: _____ WC Case #: _____