

**Board of Education Policy**

**WORKPLACE VIOLENCE INCIDENT FORM**

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**1. Date of Incident:** \_\_\_\_\_

**2. Time of day/shift when the incident occurred:** \_\_\_\_\_

**3. workplace location where incident occurred:** \_\_\_\_\_

**4. 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” 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 potentially infectious material; and
- Other injuries or illnesses, if the employee independently and voluntarily requests that the employee’s name not be entered on the report.

**Description (include the following):**

Name of employee reporting the incident (unless a “privacy concern case”);

Names and job titles of involved employees;

Name or other identified of other individuals involved;

Nature and extent of injuries arising from the incident;

Names of witnesses;

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

**Reference:**

**Adopted:** 12/13/2023

**Reviewed:**

**Revised:**