

**North Merrick School District  
Workplace Violence Prevention Program**

**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.**

**North Merrick Union Free School District  
Workplace Violence Prevention Program**

---

---

<b>PLEASE FORWARD THIS REPORT FORM TO THE INDIVIDUAL NAMED BELOW</b>	
Name:	Title:
Telephone:	Email:

+++++

**Recordkeeping: Incident Follow-up**

**Who received the complaint?**

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

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

**What corrective actions were taken?**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Was law enforcement contacted?**                      **Yes** \_\_\_                      **No** \_\_\_

# North Merrick Union Free School District Workplace Violence Prevention Program

If yes, please describe outcome:

---

---

---

---

---

Final Resolution:

---

---

---

---

---

**Date of Incident Closure**

**Name**

**Title**

**Telephone #**

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