

Pine Plains Central School District Workplace Violence Prevention Reporting Form

Please know that New York State adjusted the Workplace Violence Prevention requirements for schools and BOCES, and shifted the official start date to May 3, 2024. We are continuing to address reports regardless, as we want to ensure our systems are as supportive as possible.

Workplace Violence Incident Reporting Form

In the event of immediate danger or emergency, contact local law enforcement by dialing 911 or your local emergency number.

Please complete this form promptly following any incident involving workplace violence. Providing accurate and detailed information is crucial for the proper investigation and resolution of the matter.

The Workplace Violence Incident Reporting form is for PPCSD Staff only.

How can we contact you?

To receive a personalized response, please enter your name and at least one method of contact. If you leave this section blank, then we will not be able to respond to your report.

Name:	_____		
	First	Middle Initial	Last
Phone:	_____		
	Home	Cell	
Email:	_____		
	Personal	Work	

Detailed Description of Incident:

(Please provide a thorough and detailed account of the incident, including any relevant context: Events leading up to the incident and how the incident ended; Name and job title of involved employee(s); Name or other identifier of other individuals involved; Nature and extent of injuries arising from the incident, and; actions taken, and any communication that occurred.)

Incident Description:

Date of the incident:

Building or department where this incident took place:

- Stissing Mountain Junior / Senior High School**
- Seymour Smith Intermediate Learning Center**
- Cold Spring Early Learning Center**
- Transportation Department**
- Other _____**

Did this incident result in an injury?

- Yes**
- No**

If the response is **yes** and an injury has occurred, please complete the Worker's Comp Incident / Accident Report Form within 3 days.

*(Contact the District Office or School Nurse for the Incident / Accident Report Form)

Has the Employee Incident/ Accident Report Form been submitted in relation to this incident?

Yes

No

Witness Statements: (Please provide the names, contact information and statements of any witnesses, if applicable.)

Witness 1 Statement:

Witness 2 Statement:

Action Taken:

(Describe any immediate actions taken by the employee, supervisor, or others in response to the incident.)

Immediate Action Taken: Use the space below to describe action steps taken (mediation, circles, etc.):

Additional Information:

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

Confidentiality Notice:

All information provided on this form will be treated with the utmost confidentiality. The purpose of this form is to ensure a prompt and thorough investigation of the reported workplace violence incident.

Note: Refer to 12 NYCRR Part 800.6 Section (i)(3)(ii) for special instruction on privacy concern cases.

Print additional sheets if necessary.

Thank you for your cooperation in maintaining a safe and secure work environment.