



**JAMESTOWN PUBLIC SCHOOLS
WORKPLACE VIOLENCE INCIDENT REPORT**

_____	_____	_____
Full Name	Position/Title	Work Location
_____	_____	_____
Email	Home Phone	Mobile Phone

Which of these describes the nature of the incident?

- An attempt or threat, whether verbal or physical, to inflict **physical injury** upon an employee;
- Any intentional display of force which would give an employee reason to fear or expect **bodily harm**;
- Intentional and wrongful **physical contact** with an employee without their consent that entails **some injury**;
- Stalking an employee with the intent of causing fear of material harm to the **physical safety and health** of the employee when the stalking has arisen through and in the course of employment.

_____	_____	_____
Incident Location	Incident Date	Time of Day
_____	<input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Parent/Family	
Name of Alleged Perpetrator	<input type="checkbox"/> Other _____	

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

Provide the names of any witnesses.

Describe the nature and extent of injuries arising from the incident.

SUBMIT THIS FORM TO: RENEE GARRETT, DIRECTOR OF HUMAN RESOURCES