



GREAT NECK PUBLIC SCHOOLS

WORKPLACE VIOLENCE INCIDENT REPORT

[To be completed by Supervisor/HR when an incident is reported]

EMPLOYEE NAME _____ SCHOOL/BUILDING _____

If this is a privacy concern case, "Privacy Concern Case" should be entered above in the Name section. The District treats incidents involving the following injuries or illnesses as privacy concern cases: (1) an injury or illness to an intimate body part or the reproductive system; (2) an injury or illness resulting from a sexual assault; (3) mental illness; (4) HIV infection; (5) 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 (6) other injuries or illnesses, if the employee independently and voluntarily requests that their name not be entered on the Report.

JOB TITLE _____ PHONE #: _____

HOME ADDRESS _____
CITY/STATE _____ ZIP CODE _____

_____/_____/_____
DATE OF INCIDENT TIME OF INCIDENT AM PM LOCATION/ROOM WHERE INCIDENT OCCURRED

_____/_____/_____
SUPERVISOR NAME DATE INFORMED OF INCIDENT

NATURE OF INJURY _____

PART OF BODY INJURED (Include right or left side) _____

CAUSE OF INJURY _____

DETAILED DESCRIPTION OF INCIDENT (Include events leading up to the incident and how the incident ended)

NAME & PHONE NO. OF WITNESS(ES) _____

NAME OF OTHERS INVOLVED IN INCIDENT (Identify staff, parent, student, visitor, or other)

COMPLETED BY: _____

SIGNATURE: _____ DATE _____

SUBMIT COMPLETED FORM TO HUMAN RESOURCES AT HR@GREATNECK.K12.NY.US

RECEIVED BY

SIGNATURE

DATE