

SEAFORD UNION FREE SCHOOL DISTRICT
WORKPLACE VIOLENCE INCIDENT REPORT

Employee's Name: _____

Date of Incident Report Completed: _____

Time of Incident Report Completed: _____

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.

