EXHIBT B – Incident Log Submit to Paul Irving in the HR Department



SOUTHERN KERN UNIFIED SCHOOL DISTRICT

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Embracing the Whole Child

WORKPLACE VIOLENCE PREVENTION PLAN - VIOLENT INCIDENT LOG

THE DATE AND TIME OF THE INCIDENT:
LOCATION OF THE INCIDENT:
WHAT TYPE OF WORKPLACE VIOLENCE OCCURRED?
DETAILED DESCRIPTION OF THE EVENT:
DETAILED DESCRIPTION OF ANY INJURY, PSYCHOLOGICAL, TRAUMA, OR STRESS:
WILL COMMITTED THE WOLFNOTS
WHO COMMITTED THE VIOLENCE?

WHAT WERE THE CIRCUMSTANCES AT THE TIME OF THE INCIDENT?
WHERE DID THE INCIDENT OCCUR?
 WHAT TYPE OF WORKPLACE VIOLENCE OCCURRED? Physical attack without a weapon, including, but not limited to, biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting. Attack with a weapon or object, including, but not limited to, a firearm, knife, or other object. Threat of physical force or threat of the use of a weapon or other object. Sexual assault or threat, including, but not limited to, rape, attempted rape, physical display, or unwanted verbal or physical sexual contact. Animal attack. Other:
WHAT WERE THE CONSEQUENCES OF THE INCIDENT, INCLUDING, BUT NOT LIMITED TO: Whether security or law enforcement was contacted and their response:
The area cocarry or law orner content was contacted and from responde.
Actions taken to protect employees from a continuing threat or any other hazards identified as a result of incident:
WAS THE WORKPLACE VIOLENCE PREVENTION PLAN REVIEWED AFTER THIS INCIDENT? (YES OR NO)

HOW?		
THIS LOG COMPLETED E	BY:	
NAME:		
JOB TITLE:		
DATE COMPLETED:		