Half Hollow Hills Central School District

Violence/Threat Reporting Form

If not submitting this form electronically, submit to administrator, supervisor or the Assistant Superintendent for Districtwide Administration

Name:
Phone Number *(optional)*:
Email *(optional)*:

Date of Incident:

Location where incident occurred (building, online, etc.):

Time of incident:

Names of anyone involved:

Detailed description of the incident, including events leading up to the incident and how the incident ended:

Names of witnesses (include statements, if applicable):

Did this incident result in an injury? (Yes/No)
(If "Yes", complete the Workers' Compensation Incident/Accident Report Form within 5 days.

Has an employee Incident/Accident Report Form been submitted in relation to this incident (if applicable)? (Yes/No)

Attach/upload any relevant documents, emails or other incidents related to the incident.

(Employees who are victims of workplace violence can voluntarily request that their name not be entered on the report.)