

Workplace Violence Incident Report - Grand Island CSD**DATE OF INCIDENT:** _____ **Time of day/shift when incident occurred:** _____**Workplace location where incident occurred:** _____
_____**INFORMATION ABOUT THE ALLEGED VICTIM:****Name:** _____ **Job Title:** _____

If this is a privacy concern case, "Privacy Concern Case" should be entered in the above 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 included in this report.

Work address: _____**Home phone:** _____ **Cell phone:** _____ **Work phone:** _____**Email:** _____
_____**INFORMATION ABOUT THE ALLEGED PERPETRATOR:****Name:** _____**Alleged Perpetrator's Relationship to the District:**☐ Student ☐ Employee ☐ Parent/Legal Guardian ☐ Volunteer ☐ Job Applicant☐ Intern ☐ Contractor/Vendor/Consultant ☐ Other _____**Primary Building or Location:** _____**Further Details including, if applicable, grade or title:** _____**Alleged Perpetrator's contact information:****Address:** _____**Home phone:** _____ **Cell phone:** _____ **Work phone:** _____

DESCRIPTION OF THE INCIDENT

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

Names and job titles of involved employees:

If possible, please list the names and known contact information for any witnesses, individuals who may have information related to this report, or individuals you have discussed the alleged incident(s) with:

Nature and extent of injuries arising from the incident:

Detail the action that the District has taken in response to this incident of workplace violence:

Detail the actions that the District has taken or is considering as a result of the incident to prevent similar occurrences from happening in the future:

For Office Use Only

Date Report Received _____ Print Name of Recipient _____

Signature _____