

**South Country Central School District  
Workplace Violence Prevention Program**

**ATTACHMENT 4**

**Workplace Violence Incident Report**

**Date of Incident:**

**Workplace location where incident occurred:**

**Time of day/shift when incident occurred:**

**Names and job titles of involved employees:**

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

**Name or other identifier and job titles of involved individuals:**

**Nature and extent of injuries arising from the incident:**

**Names of witnesses:**

*Note: Employees who are victims of workplace violence can independently and voluntarily request that their name not be entered on the report.*