

Regulation

SUPPORT OPERATIONS

5010.1

WORKPLACE VIOLENCE INCIDENT REPORT

1. Date of Incident: _____
2. Time of day when the incident occurred: _____
3. District location where incident occurred: _____
4. Provide a detailed description of the incident below.

Description to include the following:

- Name of employee reporting the incident (unless a "privacy concern case");
- Names and job titles of involved employees;
- Name or other identifier of other individuals involved;
- Nature and extent of injuries arising from the incident;
- Names of witnesses; and
- Events leading up to the incident and how the incident ended.

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**" in the space normally used for the employee's name. Privacy concern cases include cases involving:

- Injury or illness to an intimate body part or the reproductive system;
- Injury or illness resulting from a sexual assault;
- Mental illness;
- HIV infection;
- 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
- Other injuries or illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the report.

Waterville Central School District

Legal Ref: DOL Workplace Violence Prevention – Appendix 5¹

Approved by the Superintendent: 01/23/24

¹ [New York State Department of Labor Workplace Violence Prevention for Public Employers – Appendix 5](#)