



Hempstead School District

(5) Recordkeeping - Workplace Violence Incident Report

When did the incident occur?

Date _____

Time _____

At what workplace location did the incident occur?

Provide a detailed description of the incident below.

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"

Name of employee reporting incident _____

Name & job title of involved employees.

1. Name _____	Job Title _____
2. Name _____	Job Title _____
3. Name _____	Job Title _____
4. Name _____	Job Title _____
5. Name _____	Job Title _____

Name or other identifier of other individuals involved.

1. Name _____
2. Name _____
3. Name _____
4. Name _____
5. Name _____

Nature and extent of injuries arising from the incident.

Name of Witnesses.

1. Name _____
2. Name _____
3. Name _____
4. Name _____
5. Name _____

Events leading up to the incident and how the incident ended.

PLEASE FORWARD THIS REPORT FORM TO THE INDIVIDUAL NAMED BELOW

Name	Title
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Telephone #	Email
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Recordkeeping: Incident Follow-up

Who received the complaint?

Name _____

Title _____

Date _____

Time _____

What corrective actions were taken?

Was law enforcement contacted?

Yes ____

No ____

If yes, please describe outcome:

Final Resolution:

Date of Incident Closure:

Name

Title

Telephone #:
