HASTINGS-ON-HUDSON UNION FREE SCHOOL DISTRICT

WORKPLACE VIOLENCE INCIDENT REPORTING FORM

*In the event of immediate danger or emergency, contact local law enforcement by dialing 911.

Please complete this form promptly following any incident involving workplace violence. Providing accurate and detailed information is crucial for the proper investigation and resolution of the matter.

This form is to be used by HOH UFSD staff only.

SECTION 1: EMPLOYEE INFORMATION

EMPLOYEE NAME:_____
Last Name/ First Name/ Middle Initial

ADDRESS: _____

DAY PHONE:_____MOBILE PHONE:_____DOB: _____

POSITION:_____. LOCATION: _____

SECTION 2: INCIDENT INFORMATION

DATE OF INCIDENT:_____TIME:_____AM/PM HOUR YOU STARTED WORK: _____

LOCATION OF INCIDENT: _____

WAS THIS THE LOCATION YOU NORMALLY WORK?_____YES_____NO

IF NO, EXPLAIN WHY: _____

DID THIS INCIDENT RESULT IN AN INJURY* _____ YES_____NO

IF **YES**, PLEASE COMPLETE THE STAFF INCIDENT/ ACCIDENT REPORT WITHIN 3 DAYS.

HAS A STAFF INCIDENT/ACCIDENT REPORT BEEN SUBMITTED IN RELATION TO THIS INCIDENT?

____ YES____NO

DETAILED DESCRIPTION OF INCIDENT:
Please provide a thorough and detailed account of the incident, including any relevant context: events leading up to the incident and how the incident ended; names and job title of involved employee(s); name or other identifier of other individuals involved; nature and extent of injuries arising from the incident, action taken, and any communication that occurred.

SECTION 3: WITNESS STATEMENTS

Please provide the names, contact information and statements of any witnesses, if applicable.

WITNESS #1 STATEMENT:

WITNESS #2 STATEMENT:

SECTION 4: ACTION TAKEN

Please describe any immediate action taken by the employee, supervisor, or others in response to the incident.

ADDITIONAL INFORMATION:

Attach any relevant documents, emails, or other evidence related to the incident. Attach additional sheets if necessary.

Confidentiality Notice:

All information provided on this form will be treated with the utmost confidentiality. The purpose of this form is to ensure a prompt and thorough investigation of the reported workplace violence.

Note: Nothing in this part shall require the disclosure of information otherwise kept confidential for security reasons. Such information may include information, which, if disclosed would:

- Interfere with law enforcement investigations or judicial proceedings.
- Deprive a person of a right to a fair trial or impartial adjudication.
- Identify a confidential source or disclose confidential information relating to a criminal investigation.
- Reveal criminal investigative techniques or procedures, except routine techniques and procedures; or
- Endanger the life or safety of any person.

See 12 NYCRR Part 800.6 Section (i)(3)(ii).

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