



WORKPLACE VIOLENCE INCIDENT REPORT FORM

The District prohibits workplace violence and will not tolerate violence, threats of violence, or intimidating conduct in the workplace.

Workplace violence is any physical assault or acts of aggressive behavior occurring where an employee performs any work-related duty in the course of their employment including, but not limited to:

- a) An attempt or threat, whether verbal or physical, to inflict physical injury upon an employee;
- b) Any intentional display of force which would give an employee reason to fear or expect bodily harm;
- c) Intentional and wrongful physical contact with an employee without their consent that entails some injury;
- d) Stalking an employee with the intent of causing fear of material harm to the physical safety and health of the employee when the stalking has arisen through and in the course of employment.

Instructions

This report will be completed by the Workplace Violence Prevention Coordinator following a report of workplace violence. It will be maintained for use in the annual Workplace Violence Prevention Program review and update.

Information about the Alleged Victim

(The person alleged to have been injured by the workplace violence.)

Name: _____

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

Job title: _____

Work address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email: _____



SAUGERTIES CENTRAL SCHOOL DISTRICT

Call Box A

310 Washington Avenue Ext.
Saugerties, New York 12477
(845) 247-6500 Fax (845) 246-8364
www.saugerties.k12.ny.us

WORKPLACE VIOLENCE INCIDENT REPORT FORM (Cont'd.)

Information about the Alleged Perpetrator

(The person alleged to have committed the workplace violence.)

Name: _____

Alleged perpetrator's relationship to the District:

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> Student | <input type="checkbox"/> Employee | <input type="checkbox"/> Job applicant |
| <input type="checkbox"/> Parent/legal guardian | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Contractor/subcontractor/vendor/consultant |
| <input type="checkbox"/> Student teacher | <input type="checkbox"/> Intern | <input type="checkbox"/> 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: _____

Email: _____

Information about the Alleged Incident

Date: _____ Time: _____

Location: _____



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Provide a detailed description of the alleged incident, including events leading up to the incident and how the incident ended:

Describe the nature and extent of any injuries arising from the incident, including the name of the individual(s) injured:

Information about Witnesses

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:



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District Response

Detail the actions 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:

Completed by: _____
(name and title)

Completed on: _____
(Date)