

**NORTH BABYLON SCHOOL DISTRICT
Workplace Violence Incident Report Form**

Today's Date: _____ Time: _____

Name of Person completing report: _____

Position in District: _____

Date incident occurred: _____ Time incident occurred: _____

School/Location incident occurred: _____

Please describe the incident including where at the school/location it occurred:

Did the incident involve physical injury?

☐ Yes, the incident involved physical injury (please describe injury below)☐ No, physical injury was not involvedDescription of
injury: _____

Were there any witnesses? If so who:

Is there any Physical evidence: ☐ Notes ☐ E-mail ☐ Websites ☐ Video/audiotape☐ Other: _____

Please describe any other relevant information:

Signature of person completing form: _____ Date: _____

Name of person/Supervisor who received report : _____

Date: _____

Signature of person/supervisor reported to : _____

Title: _____