

Union Springs Central School District Workplace Violence Incident Report

Today's Date: _____

Date of Incident: _____

Time of Incident: _____

Location of Incident:

Employee Name: _____

Job Title: _____

Names and job titles of involved employees, students, parents, or visitors:

Names or identifiers of other involved individuals:

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Names of witnesses:

Describe the events leading up to the incident (attach separate sheet if needed):

Describe the incident, including how it occurred (attach separate sheet if needed):

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Describe or list any illnesses or injuries:

By signing this Report, I am certifying that the information contained in it, as well as any attached sheets, is truthful and accurate.

Employee Signature

Dated: _____

This section is to be completed by the Supervisor, Building Principal, or Human Resources representative.

Name: _____

Job Title: _____

Date Report Received: _____

Personal Privacy Case: Yes No