Patchogue-Medford Union Free School District Workplace Violence Incident Report Form

The District prohibits workplace violence and will not tolerate violence, threats of violence, or intimidating conduct in the workplace. The District is committed to the safety and security of our employees.

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 that 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 must be sent to Nicole Ciminiello, the Workplace Violence Prevention Coordinator following a report of workplace violence with a copy given to your immediate supervisor or Building Principal. 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:			
Name section privacy concessystem; (2) a infection; (5) contaminated other injuries	n. The District treats incidern cases: (1) an injury or illness resulting needle stick injuries and with another person's blo	acy Concern Case" should be entereatents involving the following injuries of illness to an intimate body part or the gfrom a sexual assault; (3) mental ill nd cuts from sharp objects that are pod or other potentially infectious mat be independently and voluntarily requ	or illnesses as e reproductive Iness; (4) HIV e or may be terial; and (6)
Job title			
Work address:			
Home phone:	Cell phone:	Work phone:	
Email:			

Patchogue-Medford Union Free School District Workplace Violence Incident Report Form (Cont'd.)

Information about the Alleged Perpetrator

(The person alleged to have committed workplace violence.)

Name:		
Alleged perpetrator's relation	nship to the Dist	trict:
[] Parent/legal guardian	[] Volunteer	[] Job applicant []Contractor/subcontractor/vendor/consultant [] Other
Primary building or location	:	
Further details including, if a	applicable, grade	e or title:
NAME, <u>DO NOT</u> INCLUD	E THEIR CON	-
		: Work phone:
Email:		
Information about the Alle	ged Incident	
Date of Alleged Incident:		Time of Alleged Incident:
Location of Alleged Incident	::	
Provide a detailed descriptio and how the incident ended:	n of the alleged	l incident, including events leading up to the incident

Patchogue-Medford Union Free School District WORKPLACE VIOLENCE INCIDENT REPORT FORM (Cont'd.)

Describe the nature and extent of any injuries arising from the incident, including the name of th individual(s) injured:
Information about Witnesses
If possible, please list the names and known contact information for any witnesses, individual who may have information related to this report, or individuals you have discussed the allege incident(s) with:
<u>District Response</u> 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 preven similar occurrences from happening in the future:
Completed by: (name and title)
Completed on: