

# DOBBS FERRY 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 DFSD staff only.

### SECTION 1: EMPLOYEE INFORMATION

EMPLOYEE NAME: \_\_\_\_\_ SSN # \_\_\_\_\_  
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.*

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### **SECTION 3: WITNESS STATEMENTS**

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

WITNESS #1 STATEMENT:

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WITNESS #2 STATEMENT:

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### **SECTION 4: ACTION TAKEN**

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

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### **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).

2024-03-19