

Hoosic Valley Central School District

CENTRAL OFFICES
2 Pleasant Avenue
Schaghticoke, New York 12154

Workplace Violence Incident Report

Date of Incident:

Workplace location where incident occurred:

Time of day/shift when incident occurred:

DESCRIPTION

Names and job titles of involved employees:

Detailed description of the incident, including events leading up to the incident and how the incident ended:

Name or other identifier and job titles of involved individuals:

Nature and extent of injuries arising from the incident:

Names of witnesses:

Note: Employees who are victims of workplace violence can independently and voluntarily request that their name not be entered on the report.