SYRACUSE CITY SCHOOL DISTRICT
Anthony Q. Davis Sr., Superintendent of Schools

Department of Public Safety

Thomas Ristoff, Director

WORKPLACE VIOLENCE INCIDENT REPORT

1. Date of Incident: _____
2. Time of Day/shift when the incident occurred: _____
3. Workplace location (School name/Room # if applicable): _____

   _____
4. Please provide a detailed description of the incident below:

Note: If the case is a "privacy concern case", remove the name of the employee who was the victim of the workplace violence and enter "PRIVACY CONCERN CASE" in the space normally used for the employee's name. Privacy concern cases include cases involving:

- Injury or illness to an intimate body part or the reproductive system;
- Injury or illness resulting from a sexual assault;
- Mental illness;
- HIV infection;
- Needle stick injuries and cuts from sharp objects that are or may be contaminated with another person's blood or other potentially infectious material; and
- Other injuries or illnesses, if the employee independently and voluntarily requests that their name not be entered on the report.

DESCRIPTION (include the following);

5. Name of person reporting the incident_____
6. Name and job title(s) of involved employee(s)_____
7. Name or other identifier of other individuals involved:_____
8. Nature and extent of any known injuries arising from incident: _____

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9. Names of witnesses:_____

   _____

   _____
10. Supervisor notification: yes ☐ no ☐ Date:_____ Time:_____ Whom:_____

11. Narrative (Description of events leading up to the incident and how the incident ended):