RED HOOK CENTRAL SCHOOL DISTRICT
WORKPLACE VIOLENCE INCIDENT REPORT FORM

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:

_____

_____

Name(s) of witness(es):

_____

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

Designated Contact Person:
Dr. Erin Hayes
Assistant Superintendent for Personnel and Operations
845-758-2241 ex: 55300
District Office