

Westchester County Workplace Violence Policy Incident Report Form

Instructions: This form is to be completed by a Designated Contact Person, assigned by the department to document incidents of workplace violence or violations of the County Workplace Violence policy, or by a supervisor, departmental personnel manager, or any employee who has experienced/witnessed a Workplace Violence related incident. Additional documents and comments may be attached.

Today's Date: _____ **Reporting Department:** _____ **Division:** _____

Date of Incident: _____ **Time of Incident:** _____

Address/Location of Incident: _____

Brief Description of Incident (circumstances): _____

Brief Description of Injuries; Property Damage: _____

Names of Employees Involved: _____

Names or Description of Others Involved: _____

Names or Description of Witness(es): _____

Preventative actions department has taken to maintain safety & security of worksite as result of the incident to prevent further like occurrences. Please include any referrals or contacts made, including EAP and/or EEO/AA Office:

Report made by (print): _____ **Signature:** _____

Title: _____ **Phone:** _____ **Date:** _____

Certification (by reporting employee):

I hereby certify that I have read and reviewed the Incident Report Form, and any attachments thereto, and that the statements contained therein are a true statement of the facts as is involved in this matter.

Name: _____ **Signature:** _____ **Date:** _____

Submit this report and any attachments within three (3) business days to: (1) Commissioner of Public Safety; (2) Commissioner of Human Resources; and (3) County Attorney. Keep a copy of this report in your department files.