



Plainview-Old Bethpage Central School District

Office of Human Resources and Safety
106 Washington Avenue, Plainview, NY 11803

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WORKPLACE VIOLENCE INCIDENT REPORT

Date of Incident:

Name/Job Title:

If the case is a "privacy concern case," remove your name and enter PRIVACY CONCERN CASE in the space requesting your name. Examples of a "privacy concern case" involve 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.

Detailed Description of Incident:

Include Names/Job Titles of Involved Employee(s); Time of day/shift when the incident occurred; Workplace location where incident occurred; Provide a detailed description of the incident below; Nature and extent of injuries arising from the incident; Name(s) of witness(es); Events leading up to the incident and how the incident ended.

Print Name:

Signature: