



Spencerport Central School District Workplace Violence Incident Report

Use this form to report incidents of workplace violence. Please complete the form and submit to the workplace Violence Coordinator electronically to cmears@spencerportschools.org. or handwritten forms can be dropped off to the security office at the High school. The form should be completed immediately after an incident has occurred.

PERSON FILING REPORT

Completed by: _____ Phone: (____) _____

Title: _____ Date: ____/____/____

INCIDENT DETAILS

Date of Incident: ____/____/____ Time of Incident: _____ AM PM

Workplace location where incident occurred:

Description of Incident:

Detailed description of what led up to the incident:

Description of how the incident ended:

Nature and extent of injuries arising from the incident:

Workplace Violence Incident Report

PERSON(S) INVOLVED

Name(s) and job titles of involved employees:

First & Last Name	Title
-------------------	-------

First & Last Name	Title
-------------------	-------

First & Last Name	Title
-------------------	-------

Name(s) and job or identifier of other involved individuals:

First & Last Name	Identifier/Title
-------------------	------------------

First & Last Name	Identifier/Title
-------------------	------------------

First & Last Name	Identifier/Title
-------------------	------------------

Names of witnesses:

First & Last Name

First & Last Name

First & Last Name

Please submit this incident report to cmears@spencerportschools.org or handwritten forms can be dropped off to the security office at the high school.