

***Willsboro Central school District***  
**Workplace Violence Prevention Program**

**Workplace Violence Incident Report**

**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:

Names of witnesses:

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