



# Bellmore-Merrick CHSD



## 8130.2-E WORKPLACE VIOLENCE INCIDENT REPORT

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The District prohibits workplace violence and will not tolerate violence, threats of violence, or intimidating conduct in the workplace.

Workplace violence is any physical assault or acts of aggressive behavior occurring where an employee performs any work-related duty in the course of their employment including, but not limited to:

- a) An attempt or threat, whether verbal or physical, to inflict physical injury upon an employee;
- b) Any intentional display of force which would give an employee reason to fear or expect bodily harm;
- c) Intentional and wrongful physical contact with an employee without their consent that entails some injury;
- d) Stalking an employee with the intent of causing fear of material harm to the physical safety and health of the employee when the stalking has arisen through and in the course of employment.

### Instructions:

*Fill out the form below and send it to Mr. Eric Gómez, Assistant Superintendent of Personnel and Administration*

### Information of the Employee Reporting the Incident:

Name: \_\_\_\_\_

*If this is a privacy concern case, "Privacy Concern Case" should be entered above in the Name section. The District treats incidents involving the following injuries or illnesses as privacy concern cases: (1) an injury or illness to an intimate body part or the reproductive system; (2) an injury or illness resulting from a sexual assault; (3) mental illness; (4) HIV infection; (5) 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 (6) other injuries or illnesses, if the employee independently and voluntarily requests that their name not be entered on the Report.*

Job title: \_\_\_\_\_

Work address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_



Describe the nature and extent of any injuries arising from the incident, including the name of the individual(s) injured:

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**Information about Witnesses:**

If possible, please list the names and titles of any witnesses, individuals who may have information related to this report, or individuals you have discussed the alleged incident(s) with:

1. Name	_____	Job Title	_____
2. Name	_____	Job Title	_____
3. Name	_____	Job Title	_____
4. Name	_____	Job Title	_____
5. Name	_____	Job Title	_____

Completed by: \_\_\_\_\_  
(name and title)

Completed on: \_\_\_\_\_  
(Date)