



## Workplace Violence Incident Report

**Directions:** Please complete the form below to report a workplace violence incident. Attach any other important documentation and submit all information to Michael Baroody, Assistant Superintendent for Human Resources at [mbaroody@liverpool.k12.ny.us](mailto:mbaroody@liverpool.k12.ny.us).

Incident Date:

Incident Time:

Incident Workplace Location:

Provide a detailed description of the incident, including:

- Events leading up to the incident and how the incident ended;
- Name(s) and job title(s) of involved employee(s);
- Name or other identifier of other individuals involved;
- Nature and extent of injuries arising from the incident and;
- Name(s) of witness(es)

Name of Reporting Individual

Please attach additional pages if necessary.