

# Oak Run Elementary School District

## Workplace Violence Incident Reporting Form

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

### Description of Incident:

Please provide a detailed description of the workplace violence incident, including what occurred, who was involved, and any other relevant information:

### Witness Information (if applicable):

If there were any witnesses to the incident, please provide their names and contact information.

1. Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

(Add more fields as needed)

Was Law Enforcement Contacted?  Yes  No

If yes, please provide details of law enforcement involvement:

**Actions Taken (if any):**

Please describe any actions that were taken in response to the incident (e.g., contacting supervisor/personnel, administering first aid, etc.).

**Recommendations for Prevention:**

Based on this incident, what recommendations do you have for preventing similar incidents in the future?

**Reporter Information:**

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

Position/Title: Department: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

**Confidentiality Statement:**

The information provided in this report will be treated confidentially to the extent possible and will only be shared with individuals involved in the investigation and resolution of the incident.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_