



Village of Barker
8708 Main Street
PO Box 298
Barker, NY 14012

Workplace Violence Incident Report

Today's Date _____

Date of Incident _____
Time of Incident _____
Case Number _____
Employee Name _____
Title _____
Workplace Location _____

What was the employee doing just prior to the incident?

Horizontal lines for describing the employee's activity prior to the incident.

Incident Description (Minimally include names of involved employees, extent of injuries and names of witnesses):

Horizontal lines for describing the incident details.

Provide information on preventative actions that the public employer has taken or is considering as a result of the incident to prevent against further like occurrences:

Horizontal lines for describing preventative actions.

After the occurrence of a workplace violence incident, the public employer shall consider global (all public employer worksites) prevention enhancements, which may be necessary to properly protect employees.

The employer is responsible for maintaining copies of reports which shall be used when the program is reviewed and updated.

****Please utilize the space on the back of this form if more room is needed****