Town of New Paltz Workplace Violence Prevention Incident Report

Employee Name:	
Title:	
Date of Incident: Time of Incident:	am/pm
Date Reported to Supervisor: Supervisor:	
Location of Incident:	
Type of Violence which occurred: (check one)	
 Type I-Violence by a stranger Type II-Violence by employee to client Type III-Violence by a client to employee Type IV-Violence by personal relationship Type V-Violence by employee to employee 	
Was trauma counseling requested? Y or N	
Was Law Enforcement contacted? Y or N or Not Needed	
What was the employee doing just prior to the incident?	

Incident Description (Names of individuals involved, describe physical or verbal violent behavior or actions, extent of injuries, names or witnesses).	
Signature:	Date: