

New York City Health and Hospitals Corporation Workplace Violence Incident Reporting Form

Employee Identification			
Last Name	First Name	Employee ID/TKID	
Facility	Department	Unit	
Workplace Violence Action (select all that apply)			
<input type="checkbox"/> Stalking <input type="checkbox"/> Threat <input type="checkbox"/> Physical Contact <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Other(specify): _____			
Describe the relationship between you the alleged aggressor			
<input type="checkbox"/> Type 1 (No Connection to Workplace)	<input type="checkbox"/> Type 2 (Customer/ Client)	<input type="checkbox"/> Type 3 (Co-Worker)	<input type="checkbox"/> Type 4 (Personal, Family Member)
Time of day/ shift when incident occurred			
Month/Day/Year	Time of occurrence (approx. If exact is unknown)		Shift occurred
/ /	:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night
Location where incident occurred			
Building	Floor	Wing	Room no./Name
Area (hallway, utility closet, etc.)			
Detailed description of the incident, including events leading up to the incident and how the incident ended (do not include any patient identifiers such as name or medical record number etc.)			

Nature and extent of injuries arising from the incident if any have occurred	
Names and job titles of involved employees	
Name or other identifier of other individual(s) involved (other than employees) (do not include any patient identifier such as name or medical record number etc. only use the words such "Patient 1, Patient 2" etc.)	
Names of witnesses (if witness is a patient do not include any patient identifier such as name or medical record number etc. only use the words such "Patient 1, Patient 2" etc.)	

Completed by			
Signature			
Date			<input type="checkbox"/> Privacy Case
Contact Number:		Work Email:	

Submit the completed form to anyone of the following: Workplace Violence Prevention Coordinator, Hospital Police, Human Resources or Supervisor