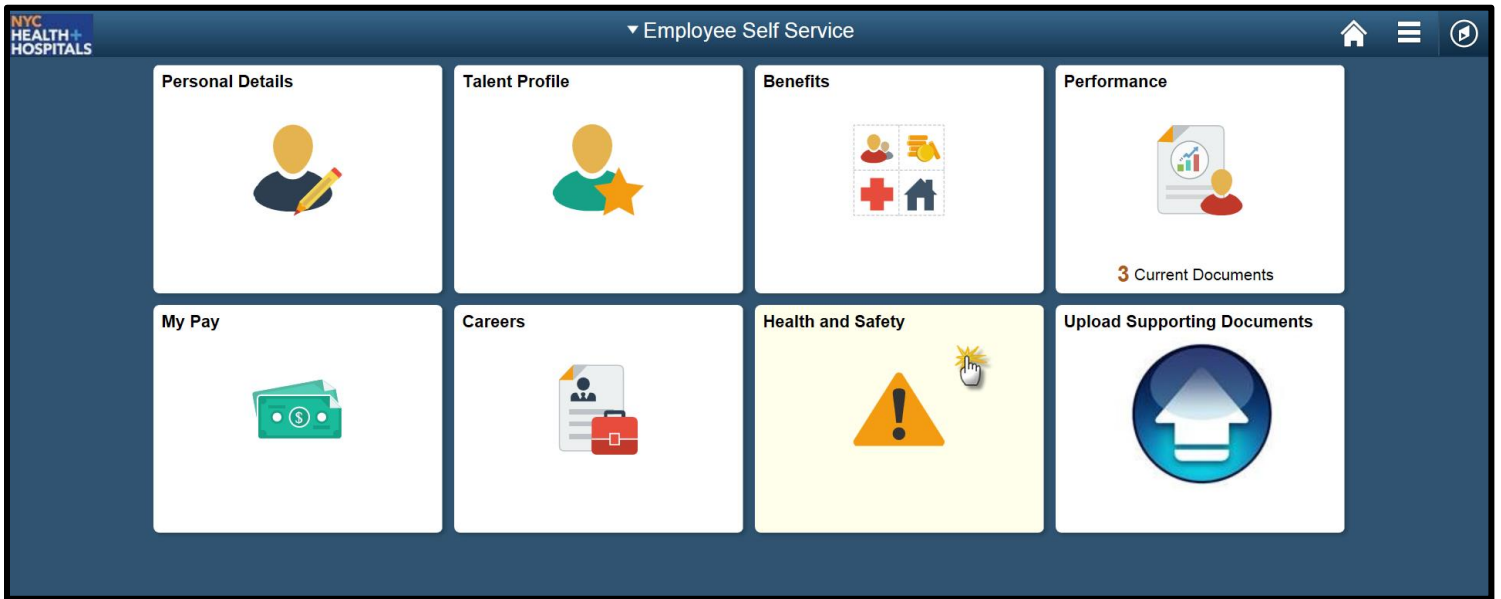


## Reporting a Workplace Violence Incident

1. After successfully logging into **Employee Self Service (PeopleSoft)**, click on the **“Health and Safety”** tile on your homepage.



2. On the **“WV Incident Reporting Form”** page, click on the **Add a New Value** tab.



3. Click the **Add** button. *Do not change the Incident Number displayed.*

The screenshot shows the 'WV Incident Reporting Form' interface. At the top, there is a navigation bar with 'Employee Self Service' and 'Health and Safety'. Below this, the form title 'WV Incident Reporting Form' is displayed. A search bar contains 'Find an Existing Value' and 'Add a New Value' buttons. The 'Incident Number' field is populated with '00000000'. A red circle highlights the 'Add' button, which is a yellow button with a sun icon. At the bottom of the form, the search options are repeated.

4. Fill out the form by completing all the necessary fields.

The screenshot shows the 'WV Incident Reporting Form' with all fields filled out. The form is titled 'Workplace Violence Action (Select all that apply)'. The 'Stalking' checkbox is unchecked, 'Threat' is unchecked, 'Physical Contact' is checked, and 'Domestic Violence' is unchecked. The 'Other(specify):' field is empty. Below this, the 'Describe the relationship between you and the alleged aggressor' section has 'Type 2 (Customer/ Client)' selected. The 'Time of day / shift when incident occurred' section shows 'Month/Day/Year' as '03/01/2017', 'Incident Time' as '1:00PM', 'Time Zone' as 'EST', and 'Shift Occurred' as 'Day'. The 'Location where incident occurred' section shows 'Building' as 'Main hospital', 'Floor' as '3RD', 'Wing' as 'North', and 'Room No./Name' as '3012B'. The 'Detailed description of the incident' field contains the text: 'While inserting an IV, I was kicked by the patient on my right thigh.' The 'Nature and extent of injuries arising from the incident' field contains the text: 'Contusion on right thigh.'

5. Type your name in the **Signature** field and your phone number in the **Contact Number** field.

Employee Self Service Health and Safety

Workplace Violence Inc RptForm

Completed By ERIC EMPLOYEE, 012345678

Signature ERIC EMPLOYEE

Manually typing your name in the Signature box will be considered as an electronic signature

Date  Privacy Case

Contact Number: 212-345-6789 x Work Email: [Eric.Employee@nychhc.org](mailto:Eric.Employee@nychhc.org)

6. Click the **Save** button to save the form. *The saved form can be modified and completed to submit at a later date. Saved form can only be viewed and modified by employee.* Click the **Submit** button to submit the form. *Once the form is submitted, it **CANNOT** be modified.*

Employee Self Service Health and Safety

Workplace Violence Inc RptForm

Completed By ERIC EMPLOYEE, 012345678

Signature ERIC EMPLOYEE

Manually typing your name in the Signature box will be considered as an electronic signature

Date  Privacy Case

Contact Number: 212-345-6789 x Work Email: [Eric.Employee@nychhc.org](mailto:Eric.Employee@nychhc.org)

When the Submit button is selected, the appropriate Workplace Violence Prevention Coordinator, Hospital Police and Human Resources will be notified

Save Submit Print

Once you have completed this form:

- 1) Review the data for accuracy
- 2) Click on the "Save" button
- 3) Click on the "Submit" button

**Note:** Only when the **Submit** button is clicked, the appropriate Workplace Violence Prevention Coordinator, Hospital Police and Human Resources representative will be notified.

*The form must be submitted for your Workplace Violence Prevention Coordinator to review the workplace violence incident.*