

ORCHARD PARK CENTRAL SCHOOL DISTRICT WORKPLACE VIOLENCE REPORT

Building _____ Date of Report _____

Name _____ Check One: ☐ Student ☐ Employee ☐ Guest

Address _____ Phone # _____

_____ Cell # _____

Date of Birth _____ Age _____ Grade _____

Incident Summary:

Location of Incident _____

Day of Incident ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ S ☐ Su Date _____ Time _____ AM/PM
Check One Circle One

Type/Body Location of Injury _____

Description of Incident _____

Witness(es) Statement _____

Witness(es) Signature _____

Emergency Services Contacted ☐ Yes ☐ No

Person(s) in Charge of Activity _____

Treatment Summary:

Type of Treatment _____

Provided By _____

Check One: ☐ Recommend Medical Attention ☐ Returned to Class/Job ☐ Sent Home ☐ Sent to Hospital ☐ Other
Other: _____

Method of Transport _____ By Whom _____

Parent/Guardian/Home Notification ☐ Yes ☐ No

Report Prepared By _____

Please Print

Signature

Position _____

Supervisors Signature

Copies To: ☐ Personnel Office ☐ Health Office ☐ School Office ☐ Supervisor ☐ Director of Safety