



NEW YORK STATE UNIFIED COURT SYSTEM WORKPLACE VIOLENCE INCIDENT REPORT

Workplace Violence is any physical assault or acts of aggressive behavior occurring where a public employee performs any work-related duty in the course of his or her employment.

INSTRUCTIONS

- Form to be completed by reporting employee, or local HR Administrator
- Completed form must be emailed to the HR Work-Safe Office at work-safe@nycourts.gov
- If you have any questions, please contact the Work-Safe Office at (646)386-5464

VICTIM INFORMATION

Name _____
Last First MI
Title: _____ Employee ID: _____
Gender: _____
Cell Phone: _____ Work Phone: _____
Work Location: _____
Work Address: _____

Name: _____
Last First MI
Title: _____ Employee ID: _____
Gender: _____
Cell Phone: _____ Work Phone: _____
Work Location: _____
Work Address: _____

INCIDENT INFORMATION

Date of Incident: ____/____/____ Time of Incident: _____ AM PM
Court Facility of Occurrence: _____
Court Facility Address: _____
Exact Location of Incident: _____
Did the Incident involve Electronic Media and/or Telephone? Yes No
Incident Type: Physical Abuse Verbal Abuse Other
Name of Assailant(s)/Antagonist(s) (if employee, indicate name/title/work location):

Description of Incident:

Nature and Extent of Injuries, if any:

WITNESS INFORMATION

Name(s)/Title(s) of any Witnesses:

_____	_____
Name (Print)	Title
_____	_____
Name (Print)	Title

ADDITIONAL INFORMATION

Report Completed by: _____ Title: _____
Name (Print)

Are you the Victim? Yes No

Signature: _____ Date: ___/___/___

Date Incident was Reported: ___/___/___

Time Incident was Reported: _____ AM PM

Supervisor Notified: Yes No Date: ___/___/___ Time: _____ AM PM

Supervisor's Name: _____ Title _____

Other Person Notified: Yes No Date: ___/___/___ Time: _____ AM PM
Name: _____ Title _____

Additional Relevant Information:
