

**OSSINING PUBLIC LIBRARY**  
**WORKPLACE VIOLENCE REPORTING FORM**

Workplace Violence is any physical assault or act of aggressive behavior occurring where an employee performs any work-related duty in the course of their employment. Please refer to the Ossining Public Library Workplace Violence Policy for more information.

This form is to be completed by the reporting employee or their supervisor. Please submit the completed form to the Library Director.

**Victim Information**

Name: \_\_\_\_\_

Cell or Home Phone: \_\_\_\_\_

**Incident Information**

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Exact location of incident: \_\_\_\_\_

Did the incident involve electronic media or telephone? (*check box*) Y ☐ N ☐

Incident type: (*check box*) Physical abuse or assault ☐ Verbal abuse ☐ Other ☐

Name of assailant(s)/Antagonist(s): \_\_\_\_\_

Description of incident:

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Nature and extent of injuries, if any:

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**Witness information**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Additional Information**

Report completed by: \_\_\_\_\_

Date the incident was reported: \_\_\_\_\_ Time the incident was reported: \_\_\_\_\_

Supervisor notified: (*check box*) Y ☐ N ☐ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Other person notified: (*check box*) Y ☐ N ☐ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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Name of other person: \_\_\_\_\_

Additional relevant information:

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