Stony Brook University

WORKPLACE VIOLENCE INCIDENT REPORT

Instructions:

1. Please complete all information legibly to assist in evaluating the incident.
2. Please complete all information requested and submit the completed report to:
   - Human Resource Services for West Campus, HSC, SB Manhattan, or SB Southampton;
   - East Campus University Police for East Campus, or the Veteran's Home;
   - Your supervisor
3. Victims of Workplace Violence are also strongly encouraged to contact the University Police.
4. Supervisors are reminded that they should report incidents directly to Human Resource Services.

CONTACT INFORMATION:	
Victim's Name:	Job Title:
☐ Employee ☐ Student ☐ Other (explain)	
Incident Date:	Incident Time:
Incident Reported to the Police ☐ Yes ☐ No	
Incident Specific Location:	
Were you injured? ☐ Yes ☐ No	
If yes, please specify your injuries and the location of any treatment:	
INDIVIDUALS INVOLVED IN THE INCIDENT (USE ADDITIONAL SHEET(S) IF NECESSARY)	
ASSAILANT: (circle one): Intruder, Customer, Patient, Resident, Client, Visitor, Student, Co-Worker, Former, Employee, Supervisor, Family/Friend, Other, Unknown (specify):	
Assailant Name:	Age (if known):
Address:	City:
State:	Zip:
DESCRIBE THE INCIDENT IN DETAIL:	
WERE THERE ANY WITNESSES?: ☐ Yes ☐ No	
If yes, please provide their name(s):	

Victim's or Supervisors Signature: _____ Date: _____

FOR HR USE:
Incident Disposition: (Circle all that apply): No action taken (Unfounded), Referred to Labor Relations, Referred to University Police, Arrest, Suspension, Notice of Discipline Issued, Verbal or Written Counseling Issued Other: