

**City of Kingston NY
Workplace Violence Incident Report**

Today's Date: _____

Date of Incident: _____

Time of Incident: _____

Case Number: _____

Employee Name: _____

Title: _____

Workplace Location: _____

What was the employee doing just prior to the incident?

Incident Description (Minimally include names of involved employees, extent of injuries and names of witnesses): _____

Provide information on preventative actions that the public employer has taken or is considering as a result of the incident to prevent against further like occurrences:
