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DIVISION OF MILITARY AND NAVAL AFFAIRS
Workplace Violence Incident Report
(Proponent is MNHS)

The information you are providing on this form is in accordance with the DMNA Workplace Violence Prevention Program, TAG Policy and requirements of NYS Labor Law Section 27-b and Title 12 NYCRR Section 800.6 principal purpose of reporting an incident of workplace violence. This information will be maintained by the State Human Resources Management Office (MNHS), Latham, New York 12110.

Today's Date: _____

Date of Incident: _____

Time of Incident: _____

Employee Name: _____

For incidents classified as a privacy concern case replace the employee's name with "PRIVACY CONCERN CASE".
The following are to be treated as privacy concern cases:
An injury or illness to an intimate body part or the reproductive system;
An injury or illness resulting from a sexual assault;
Mental illness; HIV infection;
Needle-stick injuries and cuts from sharp objects that are or may be contaminated; with another person's blood or other potentially infectious material;
Other injuries or illnesses if the employee independently and voluntarily requests their name not be entered on the report.

Employee Title: _____

Workplace Location: _____

- What was the employee doing just prior to the incident?

- Who was present when the incident occurred?

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

➤ After the occurrence of a workplace violence incident, DMNA shall consider global (all agency worksites) prevention enhancements, which may be necessary to properly protect employees. DMNA is responsible for maintaining copies of reports which shall be used when the workplace violence prevention program (WVPP) is reviewed and updated.

- 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:

- Supervisor must sign and date below to attest and confirm that the information provided in this form is accurate and factual to the best of their knowledge.
- Completed forms must be submitted by appropriate supervisor to State Human Resources (MNHS) within **24 hours** of the workplace violence incident or concern via: fax (518) 786-4969; first class mail or electronic mail.
- Point of contact for all workplace violence incidents and concerns is MNHS Labor Relations (518) 786-4830.

Supervisor (complete all):

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Name (printed)	Signature
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Title	Date

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