

NYSUT Workplace Violent Incident Reporting Procedure

Directions:

When a workplace violence incident occurs, whether it results in a physical injury or not, fill out a copy of the NYSUT Workplace Violent Incident Form and share a copy of the completed form with the person designated by your local to collect it.

Do not include student or child specific information, including names, on the NYSUT Workplace Violent Incident Report Form. This information is to only be included on your employer's reporting forms.

In addition to this form, report the incident to your employer and follow their procedure for documentation.

If the incident resulted in:

- Death
- Days away from work
- Restricted work or transfer to another job
- Medical treatment beyond first aid
- Loss of consciousness; or
- A significant injury or illness diagnosed by a physician or other licensed health care professional

Be sure that your employer provides you with an **Injury and Illness Incident Report** also known as **Form SH 900.2**.

This form must be completed. Your employer may fill it out themselves or they may request your assistance to ensure that the information is correct.

It is solely the responsibility of your employer to record the information from this incident report (Form SH 900.2) onto the **Summary of Work-Related Injuries + Illnesses** also known as the **SH 900.1 Log**.

Your employer is required to follow this record keeping procedure as a result of The Occupational Safety and Health Act. The federal regulation is 29 CFR (Code of Federal Regulations) 1904. This regulation is enforceable in New York State, for public employees, by the New York Public Employee Safety and Health (PESH) Bureau, which is part of the New York State Department of Labor.

For assistance with reporting an occupational injury or illness contact your labor relations specialist.

NYSUT Workplace Violent Incident Report Form

Date of incident: _____ Time of Incident: _____

Member Name: _____

Title: _____

Names of other affected employees and/or witnesses:

Work Location: _____

Work Phone: _____

Location of Incident: _____

Were there any injuries? Yes _____ No _____

Extent of injuries:

Was medical treatment required? Yes _____ No _____

If yes, remind your employer that a SH 900.2 form must be completed. Once complete, request a copy for your records. See directions for further explanation.

Explain treatment received, if required:

Was the employee hospitalized? Yes _____ No _____

Will you be filing a C-2 Form for workers' compensation benefits? Yes _____ No _____

If yes, do so as soon as possible. Your employer must submit this form to the Workers' Compensation Board within 10 days of the injury occurring.

Description of incident: Physical abuse _____ Threat _____
Verbal abuse _____ Other _____

Was the assailant a: Student _____ Co-worker or Supervisor _____
Intimate partner or loved one _____ Other _____