

**FREWSBURG FIRE DISTRICT**  
**WORKPLACE VIOLENCE INCIDENT REPORT**  
**Pursuant to 12 NYCRR 800.6(i)(3)**

This form is for reporting incidents of workplace violence and for reporting instances where an employee reasonably believes that imminent danger of workplace violence exists. Please complete items 1 through 7 as thoroughly as possible and submit the completed report to a Chief Officer or other Fire District Officer. If you need assistance in preparing this report, please contact a Chief Officer or Commissioner. This form will be filed with and retained by the Fire District Secretary. Use additional pages if necessary and attach to this report.

NAME OF PERSON(S) MAKING REPORT: \_\_\_\_\_

1. Workplace location where incident occurred.

\_\_\_\_\_

2. Time of day/shift when incident occurred.

\_\_\_\_\_

3. Provide a detailed description of incident including events leading up to the incident and how the incident ended. Use additional pages if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Names and job titles of involved employees.

\_\_\_\_\_

\_\_\_\_\_

5. Name or other identifier of other individual(s) involved.

\_\_\_\_\_

6. Nature and extent of injuries arising from the incident.

\_\_\_\_\_

\_\_\_\_\_

7. Names of witnesses.

\_\_\_\_\_

8. Date this report was prepared: \_\_\_\_\_