Patrick Clune
Mayor
Mayor@Homerny.org

Village Office
31 N. Main Street
Homer, NY 13077
Phone: 607-749-3322
www.Homerny.org

Village Police: 607-749-2022
Newton Water Works: 607-749-2511
Glenwood Cemetery: 607-749-3517
Streets and Parks: 607-749-3813
Recreation: 607-749-2161
Codes: 607-745-3177
Homer Fire Department: 607-749-3121

Village of Homer Workplace Violence Incident Report

Name of Individual Completing Report: _____
Job Title: (if applicable) _____
Department: (if applicable) _____
Today's Date: _____
Date of Incident: _____
Time of Incident: _____

Name of victim(s):_____

Job title (if applicable)_____or other identifier_____

Name of alleged perpetrator(s):_____

Job title (if applicable)_____or other identifier_____

Witness(es):_____

Job title (if applicable)_____or other identifier_____

Address/location where incident took place:
_____

How was the threat made?

_____In person
_____On Village of Homer property
_____At home
_____Telephone
_____Written
_____Other

Describe the incident (attach police report if appropriate)
_____
_____
_____

Nature and extent of injuries arising from the incident
_____
_____
_____

Has this happened before? (If so, give details)
_____
_____
_____

Is there a catalyst?_____

What was the immediate action taken?_____
_____
_____
_____

History of the person making the threat?_____
_____
_____
_____

Is the Village of Homer about to take an action which may exacerbate the situation?
_____
_____
_____

Special Information:

If a case is a "privacy concern case" as defined below, the name of the victim shall be removed from reports provided to Workplace Violence Committee for its annual review.

1.) An injury or illness to an intimate body part or the reproductive system;
2.) An injury or illness resulting from a sexual assault;
3.) Mental illness;
4.) HIV infection
5.) Needle stick injuries and cuts from sharp objects that are or may be contaminated with another person's blood or other potentially infectious material; and
6.) Other injuries or illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the Report.

As indicated in reason #6, you may **request** your name be removed from the reports. Please check either "Yes" or "No" and initial.

_____ ☐ Yes. I voluntarily request that my name be removed from the Workplace Violence annual review reports
Initial

_____ ☐ No. I request that my name be used on the Workplace Violence annual reports.
Initial

Police Notified:
Department_____Name of Officer_____

Date_____Time_____
Who was notified?_____
_____
Other actions taken:_____
_____

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