

WORKPLACE VIOLENCE INCIDENT REPORTING PROCEDURE

At the core of the Workplace Violence Policy is the Town's commitment to work with its employees to maintain a work environment free from violence and other disruptive behavior to the greatest degree possible.

- Any Town employee, upon becoming aware of an instance of physical assault, threatening behavior or verbal abuse occurring in the work setting, must immediately report the facts and circumstances of said incident to their Supervisor. In the event that employees observe or experience violent behavior from Town employees or visitors of the town owned property in which there is an immediate threat to their safety or the safety of others or where an injury has occurred, the employee should immediately obtain police and medical assistance and in addition notify their supervisor.
- The supervisor will immediately conduct a preliminary inquiry into the facts and circumstances of the incident and make a prompt report to the Town Supervisor/Highway Superintendent.
- They will determine if there is:
 - a) An immediate threat of violence. If so, the supervisor will ensure police and emergency medical personnel have been notified and thereafter follow the procedures outline I subparagraph (b) or (c) below.
 - b) Serious misconduct or criminal behavior by Town employee. If so, the supervisor shall immediately notify the Town Supervisor at 585-374-6341 and Highway Superintendent at 585-746-6620 and take no further action.
 - c) No immediate threat of violence and no serious misconduct or criminal behavior by a Town employee. In that event, one or both employees may be required to leave the workplace until a full investigation is completed.

NOTE: In all instances, a Workplace Violence Incident Reporting form and all actions taken will be prepared and submitted within three business days to the Town Board.

Retaliation against an employee who makes a good faith report of violence or other disruptive behavior is strictly prohibited and shall be subject to appropriate corrective or disciplinary measures. An employee, who, in bad faith makes a false report, is also subject to disciplinary action.

TOWN OF SOUTH BRISTOL

WORKPLACE VIOLENCE POLICY STATEMENT

The Town of South Bristol is committed to the safety and security of our employees. Workplace violence presents a serious occupational safety hazard to our staff, residents and visitors. Threats, by anyone on Town of South Bristol property will be thoroughly investigated and appropriate action will be taken, including summoning criminal justice authorities when warranted. All employees are responsible for helping to create an environment of mutual respect for each other as well as residents and visitors and for assisting in maintaining a safe and secure work environment.

This policy is designed to meet the requirements of 12 NYCRR #800.6 (1). The goal of this policy is to promote the safety and well-being of all people in our workplace. All incidents of violence or threatening behavior will be responded to immediately upon notification. All employees are responsible for notifying the contact person designated below of any violent incidents, threatening behavior (harassment), including threats they have witnessed, received, or have been told that another person has witnessed or received.

Designated Contact Persons:

Signature:		
Title:	Town Supervisor	Town Highway Superintendent
Departments:	Any	Any
Phone:	585-374-6341	585-746-6620

WORKPLACE VIOLENCE INCIDENT REPORT

A reportable violent incident should be defined as any threatening remark or overt act of physical violence against a person(s) or property whether reported or observed.

1. Date: _____ **Time:** _____

2. Assailant Name/Description: _____

3. Specific Location: _____

4. Violence Directed Toward: Staff Visitor

Assailant: Staff Visitor Resident

Assailant: Unarmed Armed (weapon)

5. Predisposing Factors: Intoxication Prior History of Violence

Other (Describe) _____

6. Description of Incident: Physical Abuse Verbal Abuse Other

7. Injuries: Yes No

8. Extent of Injuries: _____

9. Detailed Description of the Incident: _____

10. Did Any Person Leave the Area because of Incident?

Yes No Unable to Determine

11. Persons Present at Time of Incident: _____

12. Needed to Call: Sheriff Department Ambulance Other

13. Termination of Incident:

Incident Diffused Yes No Sheriff Notified Yes No

Assailant Arrested Yes No

14. Disposition of Assailant:

Stayed on Premises Escorted off Premises Left on Own

Other _____

15. Report Completed By: _____

Witnesses: _____

Supervisor Notified Date/Time: _____

Town Board Notified Date/Time: _____