



APPENDIX 5: Workplace Violence Prevention COMPLAINT FORM

On September 6, 2023, Governor Hochul signed legislation amending the Workplace Violence Prevention Law, which extended coverage to public school districts, BOCES, and charter schools. This legislation also amended the Workplace Violence Prevention regulations found at 12 NYCRR Part 800.6., and is now in effect.

Personal Privacy Cases: Workplace violence incidents involving the following injuries or illnesses should be treated as personal privacy cases and the municipal employer should withhold all information related to these incidents as is legally allowed:

An injury or illness to an intimate body part or the reproductive system:

An injury or illness resulting from sexual assault, mental illness or 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; and

Other injuries or illnesses, if the employee independently or voluntarily requests that his/her/their name not be entered on the Workplace Violence Incident Report

This section to be completed by Complainant (person submitting this report)

Date of Incident: _____

Time of Incident: _____

Name of Complainant: _____

Relationship to agency: _____

- | | |
|------------------|---------|
| Administrator | Parent |
| Classmate | Teacher |
| Community member | Other |

Employee
(Describe) _____

Contact Information for Complainant:

Address _____

Home Phone: _____

Cell Phone: _____

Name of Alleged Target: _____

Title: _____

Home Phone: _____

Cell Phone: _____

Name of Alleged Offender #1 _____

Title: _____

Home Phone: _____

Cell Phone: _____

Name of Alleged Offender #2 _____

Title: _____

Home Phone: _____

Cell Phone: _____

Name of Alleged Offender #3 _____

Title: _____

Home Phone: _____

Cell Phone: _____

Location _____

Building _____

- Bathroom
- Cafeteria
- Classroom
- Conference Room
- Office
- Field Trip
- Gym/Locker Room
- Hallway
- Outdoors
- Off campus job site
- School Bus
- Other (describe) _____

Name of Witness #1 _____

Title: _____

Home Phone: _____

If injury occurred, nature and extent of injury:

Was medical attention required?:

Name and location of medical facility:

Was a weapon involved?, Describe:

SIGNATURE OF COMPLAINANT: _____

DATE: _____

DELIVERED TO WORKPLACE VIOLENCE COORDINATOR:

Dr. Norah Merritt, Assistant Superintendent for Human Resources
Dutchess BOCES, 5 BOCES Road, Poughkeepsie, NY 12601
Room # 110

845-486-4800 ext. 2278

DATE: _____

INCIDENT NUMBER (to be completed by Coordinator): _____