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## DEPARTMENT OF PERSONNEL

City Hall, 258 Main Street  
Oneonta, NY 13820-2589

### WORKPLACE VIOLENCE INCIDENT REPORT

DATE OF INCIDENT:	TIME OF INCIDENT:
LOCATION OF INCIDENT:	
<b>INCIDENT DESCRIPTION</b>	
NAME OF PERSON REPORTING INCIDENT:	
NAMES AND JOB TITLES OF INVOLVED EMPLOYEES:	
NAMES OR DESCRIPTION OF OTHER INVOLVED PERSONS:	
NAMES OF WITNESSES:	
NATURE AND EXTENT OF INJURIES:	
REPORT INCLUDING EVENTS LEADING UP TO INCIDENT AND HOW THE INCIDENT ENDED (CONTINUE ON REVERSE):	

(REPORT CONTINUED FROM FRONT PAGE)