



# City School District of the City of Niagara Falls Office of Human Resources

630-66<sup>th</sup> Street  
Niagara Falls, NY 14304  
716-286-4225

## Reporting Workplace Violence Guidelines

### I. Introduction:

Workplace violence is a concern that the School District takes very seriously. This guide is intended to assist employees in recognizing, reporting, and responding to incidents of workplace violence. Prompt and accurate reporting is crucial to maintaining a safe and healthy work environment for everyone.

### II. Definition of Workplace Violence:

Workplace violence is defined as any physical assault or acts of aggressive behavior occurring where a public employee performs any work-related duty in the course of his or her employment, including but not limited to:

- An attempt or threat, whether verbal or physical, to inflict physical injury upon the employee;
- Any intentional display of force that would give an employee reason to fear or expect bodily harm;
- Intentional and wrongful physical contact with a person without his or her consent that results in some injury;
- Possession of a weapon while on District property or while engaged in District business; and
- Stalking an employee with the intent of causing fear of material harm to the physical safety and health of such employee when such stalking has arisen through and in the course of employment.

### III. Application of the Program

The application of this program will focus on ensuring that the correct responsive steps are taken based on the severity of the violation(s). The District is committed to implementing training that will educate, prepare, and equip all with the tools needed to identify workplace violence and respond

promptly and equitably as the situation warrants. We will implement supportive and restorative justice measures when permissible, allowable, and appropriate.

#### Reporting Procedures:

##### Immediate Threats:

- If there is an immediate threat to the safety of individuals, call 911 or your local emergency number immediately.
- Take steps to ensure your safety and the safety of others, such as moving to a secure location.

##### Non-Emergency Incidents:

- For non-emergency incidents or concerns related to workplace violence, report the incident to your immediate supervisor or principal as soon as possible.
- Use the designated reporting channels established by the NFCSD for reporting workplace violence.

##### Supervisor's/Principals Responsibility:

- Supervisors who receive a report of workplace violence must take immediate action to address the situation.
- Document the details of the incident, including the date, time, location, individuals involved, and a description of the events.

##### Workplace Violence Prevention Coordinator/Human Resources Involvement:

- Supervisors/Principals should involve the Human Resources Administrator promptly.
- The Human Resources Administrator will conduct a thorough investigation, maintaining confidentiality to the extent allowed by law.

#### IV. Reporting Channels:

##### Supervisor/Principal

- Employees are encouraged to report incidents to their direct supervisor or principal first and complete the [Workplace Violence Prevention Incident Reporting Form](#).

##### Human Resources Administrator/Workplace Violence Prevention Coordinator:

- Employees may report incidents directly to the Human Resources Administrator

## V. Follow-Up

### Actions:

#### Investigation:

- Once a report is received, the Human Resources Administrator will conduct a thorough and impartial investigation.
- The goal is to gather information to determine the appropriate course of action.

#### Communication:

- The Human Resources Administrator communicate with the involved parties as appropriate and provide updates on the status of the investigation.

#### Resolution:

- Based on the findings of the investigation, appropriate actions will be taken to address the workplace violence and prevent its recurrence.

## VI. Support Services:

### Security Measures:

- Upon Consultation with the District Safety Director, the District will implement additional security measures to ensure the safety of employees.

## VII. Training:

### Workplace Violence Prevention Training:

- The NFCSD will provide training to employees on recognizing, preventing, and reporting workplace violence.
- Continual training for school staff will be provided on an annual basis

### Regular Updates:

- Policies and procedures related to workplace violence will be reviewed regularly and updated as needed.



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**Workplace Violence Prevention Incident Reporting Form\***

*\* In the event of immediate danger or emergency, dial 911*

Please complete this Workplace Violence Complaint Form promptly following any incidence involving workplace violence. Please forward, with supporting documentation as requested, to the Workplace Violence Prevention Coordinator, Maria A. Massaro, 630 - 66<sup>th</sup> Street, Niagara Falls, New York 14304, (716) 286-4225, [mmassaro@nfschools.net](mailto:mmassaro@nfschools.net).

Name of complainant:\*\* \_\_\_\_\_

Position of complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information (Circle the number preferred):

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date complaint filed: \_\_\_\_\_

**VIOLENT INCIDENT INFORMATION**

Date of Incident: \_\_\_\_\_

**Information about the Alleged Victim**

*(The person alleged to have been injured by the workplace violence.)*

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information (Circle the number preferred):

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*\*\*If this is a privacy concern case, "Privacy Concern Case" should be entered above in the Name section. The District treats incidents involving the following injuries or illnesses as privacy concern cases: (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 their name not be entered on the Report.*



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**Information about the Alleged Perpetrator**

*(The person alleged to have committed the workplace violence.)*

Name(s) of person committing or threatening an act of violence: \_\_\_\_\_

The alleged is (please choose one):

\_\_\_ An employee, holding the position of \_\_\_\_\_ at \_\_\_\_\_ (school or location)

\_\_\_ A student, grade \_\_\_\_\_ at \_\_\_\_\_ (school or location)

\_\_\_ A parent or community member

\_\_\_ Other (Specify person's relationship with the District (if applicable) \_\_\_\_\_)

Location of Incident: \_\_\_\_\_

Type(s) of violence (check all categories that apply):

\_\_\_ Physical Assault      \_\_\_ Threatening Behavior      \_\_\_ Verbal Abuse

\_\_\_ Suspicious device/package, etc.      \_\_\_ Suicide/suicide attempt or threat      \_\_\_ Other: \_\_\_\_\_

Description of the violent incident: (If available and pertinent to this claim attach documentation i.e. emails, letters, notes, text messages, phone records, recordings, videos, etc.)

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Description of events leading up to the incident and how it ended: \_\_\_\_\_

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Nature and extent of injuries arising from the incident: \*\*\* \_\_\_\_\_

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*\*\*\*If an injury has occurred please complete the Workers' Comp Incident/Accident form within 5 days*

Witnesses information: (if any)

Witness Name:	
Witness Phone:	
Witness Address:	
Witness Name:	
Witness Phone:	
Witness Address:	

Others you may discussed this incident with, including contact information for each:

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Signature

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Date

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Print Name