

VICTIM / WITNESS REPORT - WORKPLACE VIOLENCE INCIDENT

To be completed by the victim of or witness to the workplace violence incident.

Name <input type="checkbox"/> Victim <input type="checkbox"/> Witness	Date of incident	Date of Report
NYC DEP Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone (required)
Describe incident in detail – how the incident started, who was involved, location of the incident, etc.		

This form may be sent in separately by the person filling it out, to the Workplace Violence Prevention Coordinator, Persis Luke, Assistant Commissioner, OEHS (email: wpvconcerns@dep.nyc.gov ; fax: 1-718-595-5546; mail: NYCDEP, 59-17 Junction Blvd 14th Floor, Flushing, NY11373)