

WORKPLACE VIOLENCE REPORTING PROTOCOL AND PROCEDURES

I. THE CITY UNIVERSITY OF NEW YORK CAMPUS & WORKPLACE VIOLENCE PREVENTION POLICY STATEMENT¹

The City University of New York (the “University” or “CUNY”) is committed to the prevention of workplace violence and will respond promptly to any threats and/or acts of violence. For purposes of this Policy, Workplace Violence is defined as any physical assault or acts of aggressive behavior occurring where an employee performs any work-related duty in the course of his or her employment, including but not limited to:

- (i) An attempt or threat, whether verbal or physical, to inflict physical injury upon an employee;
- (ii) Any intentional display of force which would give an employee reason to fear or expect bodily harm;
- (iii) Intentional and wrongful physical contact with an employee without his or her consent that entails some injury;
- (iv) Stalking an employee in a manner which may cause the employee to fear for his or her physical safety and health when such stalking has arisen through and in the course of employment.

Workplace Violence presents a serious occupational safety hazard to CUNY and its employees. The University will respond promptly to threats and/or acts of violence. All employees are responsible for helping to create an environment of mutual respect and for assisting in maintaining a safe and secure work environment and will participate in the annual Workplace Violence Prevention Training Program. Individuals who violate this Policy may be removed from University property and are subject to disciplinary and/or personnel action up to and including termination, consistent with University policies, rules and collective bargaining agreements, and/or referral to law enforcement authorities for criminal prosecution.

Incidents involving Workplace Violence will be given the serious attention they deserve.² Employees are responsible for reporting any incidents of Workplace Violence of which they become aware. The procedure for reporting incidents of suspected or alleged Workplace Violence can be found in the campus specific Workplace Violence Prevention Programs at Paragraph 7. The procedure for reporting complaints of a potential violation of the CUNY Workplace Violence Prevention Policy and Programs can be found in the campus specific Workplace Violence Prevention Programs at Paragraph 9.

The University, at the request of an employee or student, or at its own discretion, may prohibit members of the public, including family members, from seeing an employee or student on University property unless necessary to transact University-related business. This policy particularly applies when an employee or student anticipates that an act of violence may result from an encounter with said individual(s).³

Employee participation in the implementation of this Policy will be provided through their authorized employee representatives, who will be invited to participate in:

¹ This document supersedes and replaces *The City University of New York Campus and Workplace Violence Prevention Policy* approved by The City University of New York Board of Trustees on February 28, 2011. This policy is derived from Article IV “Legal”, Policy 6.09 entitled “Violence Prevention” from the CUNY Manual of General Policy.

² Complaints of sexual harassment are covered under the University’s *Policy Against Sexual Harassment*.

³ Students are not directly covered by this Policy, but they should contact the Department of Public Safety to report concerns about workplace violence.

- (1) Scheduled physical risk assessment site evaluation(s) to determine the presence of risk factors which may place employees at risk of workplace violence;
- (2) The development and annual review of a Workplace Violence Prevention Program promulgated by each College for the implementation of the Policy;
- (3) The annual review of the Campus Workplace Violence Incidents Report prepared annually by each College; and
- (4) As appropriate, following a serious incident of Workplace Violence.

II. STEPS TO REPORT SUSPECTED WORKPLACE VIOLENCE VIOLATIONS

STEP ONE: If you believe that you may have been the victim of workplace violence, or that you may have witnessed (visually and/or aurally) an incident of workplace violence, or if a potential incident of workplace violence has been reported to you, complete and submit the “Workplace Violence Initial Report Form.” This report form is included in this packet.

Incident(s) which involve personnel from the Department of Public Safety and/or the Office of Human Resources should be reported to the Bronx Community College Office of Legal Counsel. Reports can be made to Susan Fiore, Esq., Assistant Legal Counsel & Labor Designee.

For all other suspected incident(s) of workplace violence, reports should be made to the Bronx Community College Department of Public Safety. Reports can be made directly to Saul Fraguada with the Department of Public Safety. His contact information is listed on page 3.

STEP TWO: An investigator shall be assigned to actively review the complaint made. Among other actions, this investigator will discuss with the complainant and investigate the allegations made on the Workplace Violence Initial Report Form and/or Public Safety Incident Report(s). The investigator will also work with the complainant to complete the Office of Legal Counsel – Workplace Violence Intake Form. Where reports are made in a manner other than in person, this investigator will complete the Workplace Violence Intake Form and provide it to the person making the report for review, corrections and changes (if appropriate), and a signature.

STEP THREE: The investigator shall conduct a preliminary investigation of the alleged incident(s). This may involve meeting with the alleged victim, any potential witnesses, and any other individual(s) who may have information related to the incident(s).

STEP FOUR: Following a thorough investigation, the investigator shall draft a report of his/her findings. Where it is determined that an act or acts of workplace violence have occurred, the investigator will make a recommendation of the most appropriate resolution. Where the incident(s) involves personnel from the Department of Public Safety and/or the Office of Human Resources, the Executive Counsel to the President shall meet with the accused employee’s direct supervisor and the applicable Vice President to provide a recommendation for disciplinary action. For all other incidents where a complaint of workplace violence has been substantiated, the Director of Public Safety and/or the Executive Counsel to the President shall meet with the accused employee’s direct supervisor and applicable Vice President to provide a recommendation for disciplinary action. This recommendation will be provided in writing, along with the investigator’s report, via the Workplace Violence Disposition Report.

A report shall also be created in circumstances where an employee is found not to have committed an act or acts of workplace violence. The Workplace Violence Disposition Report will reflect that there is insufficient evidence of a violation of the Workplace Violence Policy at the time the report is made.

Regardless of ultimate determination, all original Workplace Violence Complaint Forms and Workplace Violence Disposition Report, along with notes, records, documents, electronic renderings, and investigation materials shall be retained in the Office of Legal Counsel in confidential files. Where it is determined that a violation of the Workplace Violence Policy has occurred, written decisions regarding discipline shall be placed in an employee's personnel file.

STEP FIVE: The investigator, Executive Counsel to the President, or Director of Public Safety shall notify the complainant of the disposition of the matter in writing within sixty (60) days of the date on which the Workplace Violence Report Form was signed. In circumstances whereby the matter has not been fully investigated or resolved within sixty (60) days of the date on which the Workplace Violence Report Form was signed, the investigator shall submit a status update in writing to the complainant, prior to the end of the sixty (60) days.

III. RELEVANT CONTACT INFORMATION

**FOR INCIDENTS INVOLVING PERSONNEL
FROM THE DEPARTMENT OF PUBLIC
SAFETY AND/OR THE OFFICE OF HUMAN
RESOURCES, CONTACT:**

SUSAN FIORE
Executive Legal Counsel & Labor Designee;
Office of Legal Counsel

Email: susan.fiore@bcc.cuny.edu
Phone: (718) 289-5913 or (718) 289-5487
Office: Language Hall, Suite 37

FOR ALL OTHER INCIDENTS, CONTACT:

SAUL FRAGUADA
Director of Public Safety

Email: saul.fraguada@bcc.cuny.edu
Phone: (718) 289-5876
Office: Loew Hall, 5th Floor

IV. IMPORTANT NOTIFICATION

Bronx Community College and CUNY take reports of workplace violence very seriously. The safety and well-being of all members of the campus community is crucial. If you feel that you or another have been the victim of an act or acts of workplace violence, please reach out to the Office of Legal Counsel and/or the Department of Public Safety immediately. However, be advised that the purposeful false reporting of violence is grounds for disciplinary action and possible referral for action by law enforcement.



WORKPLACE VIOLENCE INITIAL REPORT FORM

It is necessary to complete this form to report an incident of suspected and/or alleged workplace violence. Please make a copy for your records and forward the original, along with copies of all available supporting documentation, to one of the following:

For incidents of workplace violence involving Human Resources personnel or Public Safety Personnel:

Susan Fiore, Esq. – Executive Legal Counsel and Labor Designee

For incidents of workplace violence involving all other personnel:

Saul Fraguada – Director of Public Safety

Reporter Information:

Name: _____
Department: _____
Telephone Number: _____
Email Address: _____

Victim Information:

Name: _____
Department: _____
Telephone Number: _____
Email Address: _____

Incident Information:

Name of Accused: _____
Department: _____
Date/Time of Incident: _____
Location of Incident: _____

Description of Incident: _____

Reporting or Victim Personnel (Print Name) Reporting or Victim Personnel (Signature) Date

For Investigator to Complete		
Resolution of Case:		
Disposition:	_____	
Recommended Sanction:	_____	
Investigator (Print Name)	Investigator (Signature)	Date
_____	_____	_____



OFFICE OF LEGAL COUNSEL – WORKPLACE VIOLENCE INTAKE FORM

Name: _____

Public Safety Incident Report Number(s): _____

Your Department: _____ If Not Applicable, Check Here

Your Office Location: _____ If Not Applicable, Check Here

Work Telephone: _____ Personal Telephone: _____

Email Address: _____

Are you the victim of the workplace violence incident alleged? Yes No

DETAILS OF COMPLAINT

Instructions: Please neatly write or type your answers. Please use additional pages and/or include any additional documentation, if necessary.

Who was involved? _____

When and where did this take place? _____

What happened? _____

COMPLAINT MADE TO: _____ **ON** _____ (DATE)

I AGREE THAT THE INFORMATION ABOVE IS TRUE AND ACCURATE, TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FILING A FALSE REPORT OF WORKPLACE VIOLENCE COULD RESULT IN DISCIPLINARY ACTION AGAINST ME.

COMPLAINANT’S SIGNATURE: _____ **DATE:** _____

WORKPLACE VIOLENCE DISPOSITION REPORT

An allegation of Workplace Violence was made on: _____

This report alleged misconduct by: _____

This allegation was subsequently investigated by (check one):

- The Department of Public Safety
- The Office of Legal Counsel

The investigator assigned to this case was: _____

The allegations of misconduct were (check one):

- Substantiated
- Not Substantiated

Where the allegation was substantiated, the investigator recommends the following action be taken: _____

_____ If Not Applicable, Check Here

A meeting to discuss this Investigator’s findings and recommendations was held on:

_____/_____/20____ (MM/DD/YYYY) at ____:____ AM/PM with

_____, Direct Supervisor of the Accused, and

_____, Vice President over the Accused’s Department.

INVESTIGATOR’S FINAL REPORT AND FINDINGS

I AGREE THAT THE INFORMATION ABOVE IS TRUE AND ACCURATE, TO THE BEST OF MY KNOWLEDGE.

INVESTIGATOR’S SIGNATURE: _____ **DATE:** _____