

**IN CONFIDENCE****VIOLENCE AT WORK - INCIDENT REPORT FORM**

| Employee | | |
|---|---------|---------|
| Name | Address | Tel No. |
| Occupation: | | |
| Department: | | |
| What Happened | | |
| Date and Time of Incident: | | |
| Place of Incident: | | |
| Activity Engaged at time of Incident: | | |
| Details of Incident, including any relevant events leading to the incident. Provide a sketch if possible: | | |

| Details of Assailant(s) | | Witness(es) | |
|--|---------------------------------|----------------------------|----|
| Name(s) | | Name(s) | |
| Address(s) | | Address(s) | |
| Age: | | Age: | |
| Male/Female: | | Male/Female: | |
| Other Details: | | Other Details: | |
| Outcome | | | |
| Injury, Verbal Abuse, Anti-Social Behaviour, Damage to Personal/Other Property? (Please state) | | | |
| Other Relevant Information | | | |
| Are you prepared to take legal action against your assailant? | | Yes | No |
| Have you been counselled by your manager? | | Yes | |
| No | | | |
| Do you wish to receive counselling? | | Yes | No |
| Were the police called to the scene of the incident? | | Yes | No |
| To your knowledge, do the police intend prosecuting your assailant? | | Yes | No |
| Manager's Signature | Signature of Witness(es) | Signature of Victim | |
| | | | |