**Violence at Work – Incident Report Form HS(V1)**

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| --- | --- |
| Group / Service Area:Click or tap here to enter text. | Premises / Site: Click or tap here to enter text. |

**Section A – To be completed by employee involved in incident or a nominated person**

(Guidance to the completion of this form is available in HS(V2) via *The Source*)

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| --- | --- | --- | --- | --- | --- |
| 1. Name and home address  Click or tap here to enter text.  Staff No.Click or tap here to enter text. | 2. Age  Click or tap here to enter text. | | 3. Sex (X) | Female |  |
| Male |  |
| Prefer not to say |  |
| 4. Gender identity (X) | | | Non-binary |  |
| Trans |  |
| Prefer not to say |  |
| If you prefer your own term, please provide this here  Click or tap here to enter text. | | | | |
| Home Tel. No. Click or tap here to enter text.  Works Tel. No. Click or tap here to enter text. | 5. Occupation Click or tap here to enter text.  6. Section or work area Click or tap here to enter text. | | | | |
| 7. Date and time incident occurred  Click or tap here to enter text. | | 8. Date and time of reporting  Click or tap here to enter text. | | | |
| 9. Description of incident, including the type of violence, e.g., physical, verbal, damage to personal or other  property. Include any relevant events leading to the incident and the activity engaged in at the time.    Click or tap here to enter text. | | | | | |
| 10. Exact location of incident Click or tap here to enter text. | | 11. Name(s) and address(es) of any witness(es) (use  separate sheet if necessary) Click or tap here to enter text. | | | |
| 12. Injury details, if any (please be specific)  Click or tap here to enter text. | | 13. Details of any First Aid administered, including by  whom Click or tap here to enter text. | | | |
| 14. To whom reported and their occupation Click or tap here to enter text. | | 15. Signature of employee involved in incident  Click or tap here to enter text. | | | |
| 16. Where applicable, name of nominated person  Click or tap here to enter text. | | 17. Where applicable, signature of nominated person  Click or tap here to enter text. | | | |

**Section A (continued)**

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| 18. Details of assailants (where known) | | |
| Name(s)  Click or tap here to enter text. | Address(es)  Click or tap here to enter text. | |
| 19. Are you prepared to take legal action against your assailant? | | Choose an item. |
| 20. Have you been debriefed by your manager? | | Choose an item. |
| 21. Do you wish to receive counselling over the incident? | | Choose an item. |
| 22. Did the police attend the incident? | | Choose an item. |
| 23. To your knowledge, do the police intend prosecuting your assailant? | | Choose an item. |
| 24. Signature of employee involved in incident  Click or tap here to enter text. | | Date  Click or tap to enter a date. |

**Section B – To be completed by manager of employee involved in incident**

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| 25. Report of investigation by manager (describe what happened and how). Continue on separate sheet if  necessary. Click or tap here to enter text. | | |
| 26. Provide details of any action you have taken to help prevent a similar incident from occurring again in the  future. Click or tap here to enter text. | | |
| 27. Provide details of any support provided to the employee (e.g., counselling, debriefing, retraining) Click or tap here to enter text. | | |
| 28. Did the employee lose any time from work as a result of the incident? Choose an item. | | |
| 29. If the answer to 28 above was “Yes”, please provide number of days lost here. Click or tap here to enter text. | | |
| 30. Manager’s Name  Click or tap here to enter text. | 31. Manager’s Signature  Click or tap here to enter text. | 32. Date  Click or tap to enter a date. |