

INCIDENT REPORT FORM

VIOLENCE AND AGGRESSION TO STAFF

(Includes physical violence, aggression, verbal abuse, sexual or racial abuse intentional damage to personal property).

Managers of staff who have been victims of violence or aggression should complete this form as fully as possible. It will help us to understand the problems staff face in their work, and to see ways to reduce the risk of future incidents. Please use continuation sheet if necessary:

Date of incident	Day of week	Time
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1 Employee - personal details of person assaulted

Name.....Work address.....

Job/Position.....

Service.....Age.....Gender.....

What work was being done when incident started?.....

.....

2 Details of assailants if known

3 Witness(es) if any

Name(s).....

Name(s) if any.....

Address(es).....

Address(es).....

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Age(s) approx.....

Gender.....

Description.....

Relationship between employee and assailant, if

any.....

4 Details of incident:

a) Type of assault (including any injury suffered, treatment achieved, time off work etc)

b) Location of incident (attach sketch if appropriate)

c) Other details: Please describe incident, including where relevant events leading up to it, relevant details if assailant not given above, if a weapon was involved, member of staff present.

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5 **Outcome:** (eg whether Police called, what happened after the incident, any legal action)
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6 **Other information** (to be completed as appropriate)

a) Possible Contributory factors.....
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b) Is assailant known to have been involved in any previous incidents YES/NO

c) Give date and brief details of (b) if known.....
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d) Had any measures been taken to try to prevent an incident of this type occurring? If so, what?
How did they fall short? How could they be improved?.....
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e) Even if no measures had been taken beforehand, in your view could action now be taken? If so
what and has it been taken?.....
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.....
.....

f) Any other relevant information.....
.....

Signed..... Date.....

Position.....

Please return as soon as possible to:

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VIOLENT INCIDENT SUPPLEMENTARY INFORMATION FORMS

Staff reporting violent incidents are asked to co-operate in attempting to determine what might have caused the incident, by completing the attached form.

- 1 How long had person been waiting?
- 2 Was there a previous history of incidents involving this person?
- 3 Did the person want to see a specific person who was not available?
- 4 What do you think caused the incident and what, if anything, could have been done to prevent it happening.

- 5 If a similar situation started to arise in the future would your action/behaviour be different?

If so, how?

VIOLENT INCIDENT SUPPLEMENTARY FORM 2

Managers are requested to complete the following:

	YES	NO
1 Has a local risk assessment been carried out?		
2 Have safety reps been involved in the assessment?		
3 Have significant risks been identified?		
4 Have significant risks been recorded?		
5 Are staff aware of the hazards?		
6 Is there a Safe Working Code of Practice?		
7 Has a review of procedures been carried out with staff and reps?		
8 Has counselling for staff affected been implemented?		
9 Have any changes been brought in?		
10 Have staff received any training?		
11 Was the staffing level adequate at the time of the incident?		
12 Has the officer suffered any previous violence at work?		
13 Has the perpetrator been responsible for previous incidents?		
14 Are there any racial overtones connected with this or previous incidents?		
15 Are there any sexual overtones connected with this or previous incidents?		
16 Has the officer been informed of insurance cover for lost time?		
17 Has the Hazard list been updated and office staff and caretakers alerted?		

Signed: **Date:**