

Example violent incident report form

Personal details of the person reporting incident	Full name: Job title: Address where incident occurred:
Personal details of injured person	Title: Mr/Mrs/Miss/Ms/Other Name: Home address: Postcode: Daytime telephone: Age: 0-10 <input type="checkbox"/> 11-16 <input type="checkbox"/> 17-25 <input type="checkbox"/> 26-45 <input type="checkbox"/> 46-60 <input type="checkbox"/> 60+ <input type="checkbox"/> Employee <input type="checkbox"/> Customer <input type="checkbox"/> Other (eg contractor, passer-by) <input type="checkbox"/>
Date/Time of incident	Date: _____ Time: _____
Location of incident (including a sketch if possible) and any other relevant information	
Type of incident	Verbal abuse/threat <input type="checkbox"/> Physical attack <input type="checkbox"/> Theft <input type="checkbox"/> Anti-social behaviour <input type="checkbox"/> Near miss <input type="checkbox"/>
Please indicate the nature of the injury you are reporting	Cut <input type="checkbox"/> Burn <input type="checkbox"/> Bruise <input type="checkbox"/> Scald <input type="checkbox"/> Strain <input type="checkbox"/> Other (specify) _____
Please state in detail what happened. Give an account of the incident, including any relevant events leading to the incident and individuals involved including full description of aggressor/assailant(s)	Damage to property:
Who assisted the injured person?	Name: _____
What action has been taken?	Injury related <input type="checkbox"/> Security <input type="checkbox"/> First aid <input type="checkbox"/> Police called <input type="checkbox"/> Ambulance <input type="checkbox"/> Other (specify) <input type="checkbox"/>
Was the injured person taken to hospital and off work for more than 7 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were there any witnesses at the time of the incident?	Name: _____ Contact#: _____ Name: _____ Contact#: _____ Name: _____ Contact#: _____
What action has been taken to ensure that this type of incident does not reoccur, eg have risk assessments been reviewed? Record actions.	
For Management/HR use only:	
RIDDOR Reportable? Yes <input type="checkbox"/> No <input type="checkbox"/> Followed up by Management/HR on (date) _____	