

Work Related Violence and Abuse Reporting Form

This form should be used to report all instances of violence and abuse, whether physical or verbal, that are directed to anyone working on our behalf. This includes abuse and threats made over the telephone. Reports must be made as soon as possible after the incident. The victim must be given time away from their duties for this report form to be completed. It should be given to the line manager who is responsible for ensuring it is processed and action taken in accordance with the agreed policy on reporting and preventing work-related violence.

Victim's Name:

Victim's Address:

Victim's Contact Telephone Number:

Victim's Email Address:

Date of incident:

Time of Incident:

Precise address and location of incident:

Name(s) of the person(s) being violent or abusive (if known):

Description of the person(s) being violent or abusive:

Is CCTV footage available? YES/NO

If telephone abuse or threat, is a recording available? YES/NO

Nature of Incident:

- | | |
|--|---|
| <input type="checkbox"/> Stalking | <input type="checkbox"/> Armed Assault - Use of weapon such as gun, knife, etc. |
| <input type="checkbox"/> Destruction of Property | <input type="checkbox"/> Verbal Abuse |
| <input type="checkbox"/> Physical Assault: Hitting, fighting, pushing, spitting or shoving | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Armed Assault - Use of object as weapon | <input type="checkbox"/> Other (specify) |

Verbal Abuse? YES/NO

Please give details:

Physical Violence? YES/NO

Please give details, including any weapons used:

Please describe any injuries suffered – give as much detail as you can:

Location of injuries – please tick all relevant:

- | | | | |
|-----------------|--------------------------|----------|--------------------------|
| Head | <input type="checkbox"/> | Buttocks | <input type="checkbox"/> |
| Face | <input type="checkbox"/> | Stomach | <input type="checkbox"/> |
| Neck | <input type="checkbox"/> | Back | <input type="checkbox"/> |
| Shoulders | <input type="checkbox"/> | Groin | <input type="checkbox"/> |
| Arms | <input type="checkbox"/> | Thigh | <input type="checkbox"/> |
| Hands | <input type="checkbox"/> | Shin | <input type="checkbox"/> |
| Chest | <input type="checkbox"/> | Calf | <input type="checkbox"/> |
| Other (specify) | <input type="checkbox"/> | Feet | <input type="checkbox"/> |

Describe Incident in Detail

Include what happened, where, who was involved, what you heard, saw, etc. Give as much detail as you can

Contact details of any witnesses:

Name:

Contact Details:

Name:

Contact Details:

Name:

Contact Details:

Was first-aid required? YES/NO

Was an ambulance called for? YES/NO

Were the Police called for? YES/NO

-----Follow-up: For Internal Use Only-----

Name and contact details of person investigating incident: (Report must be attached on completion)

Date investigation commenced:

Has the relevant safety representative been notified? YES/NO

Name of safety representative and date of referral:

Has a referral to an Employee Assistance Programme been made? YES/NO

Name of responsible person and date of referral:

Has a referral for counselling been made? YES/NO

Name of responsible person and date of referral:

Have the outcomes of follow-up action been communicated to the victim? YES/NO

Name of responsible person and date of communication: