



Violent Incident reporting (violent incidents include physical violence, threatening behaviour and verbal abuse)

Violent Incident AssessNET reference:
(Provided after entry onto online system)

Location / Directorate / Team: Date of Incident: Time of Incident:
Where did the incident occur e.g. car park (include address if different to reporting establishment):

About the victim

Surname: Forename:
 Gender: Male / Female Age:

About the perpetrator (if known)

Surname: Forename:
 Gender: Male / Female Age:
 Relationship to victim

About the person filling in this form

Surname: Forename:

About the incident

Date and time of incident:
 Type of violence: Physical / Threatening behaviour / Verbal
 Weapons/Items/Substance involved:
 Injuries sustained: Yes / No
 Property damage: Yes / No

Witness

Were there any witnesses:
 Yes / No

If yes, is witness statement attached
 Yes / No

About the incident

Description of events, any corrective action taken, counselling given
 (include details of any stress or trauma caused by the incident)

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Root cause (i.e. underlying reason violent incident may have occurred)

.....

Authorities involved

Police Social Services
 Medical Health and Safety Executive

Additional Questions

If the police were informed please record the incident no. (if applicable)

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Review of work practice and/or security measures required/actioned?
 Yes No N/A

Do you believe the violent incident was discriminatory
 Race / Religion & Belief / Sex or Sexual orientation / Gender Re-assignment /
 Disability / Age / Marriage and civil partnership / Pregnancy or Maternity /
 None of the above

* Please ensure that you have completed information on reverse side of form, i.e. incident / accident details if an injury has occurred



Incident / Accident Report Form

AssessNET reference:
(Provided after entry onto online system)

Location / Directorate / Team: Date of Incident: Time of Incident:
Where did the incident occur e.g. car park (include address if different to reporting establishment):

Type of Incident (tick those applicable)

Was anybody injured (inc. fatality, major / minor injury)?

Did anybody suffer a work related illness / disease? (visit www.hse.gov.uk for further information)

Was the incident a reportable dangerous occurrence?

Did the incident involve any damage to property?

There was no injury or damage, but a near miss occurred.

Violence was involved in this incident. +see below

How the injury happened and what injuries were sustained
(Important please give injury type, apparent cause, part of body affected. Detail any equipment, PPE, chemical or material involved where applicable):

+For violent incidents was it a result of an existing client / pupil medical or behavioural issue:
Yes / No

About the Injured Person (form not to be completed by the injured person)

Surname: Forename:

Home Address (including postcode):

Telephone:

Occupation of injured person:

Status of injured person: Employee/ Pupil or Student/ Volunteer/ Client/ Contractor/ Member of Public/ Resident or tenant/ other/ employed by someone else

Gender: Male / Female Age:

First aid treatment (name of 1st aider / treated by doctor / nurse / materials used):

Follow up actions
(Describe what has been done/ will be done to prevent recurrence. Detail support given e.g. de-brief, risk assessments updated):

1. Advised to see Doctor	Yes	No
2. Advised to attend A&E		
3. Risk assessment reviewed		
4. Procedures reviewed		
5. Equipment checked		
6. Corporate Safety Unit informed		
7. Other (details)		

About the person filling in this form:

Name:

Home Address including postcode:
(may use c/o establishment address if preferred)

Occupation:

Signature of injured person (adults only):

Date:

Occupation:

No. of days injured person was off work (only applicable for employees / self employed – do not include the day of the incident):

Was the person taken to hospital from the premises? Yes / No

Did the person remain in hospital for more than 24 hours? Yes / No

Were there any witnesses? Yes / No (if yes attach contact details and statement)

The information on this form is correct to the best of my knowledge (to be signed by the person completing details above)

Print name: Signature: Date:
Job title:

Comment & Approval (must be signed by senior manager/ headteacher)

Please add any additional comment on accident/ incident in to "Follow Up Actions" section and confirm agreement with actions taken or planned.

Print name: Signature: Date:
Job title:

* See inside cover for further information on reporting procedure and RIDDOR (Reporting of Injuries, Diseases, Dangerous Occurrence Regulations)
+For violent incidents that are not a result of existing medical or behavioural condition you need to complete the details overleaf

