

Violence at Work Incident Log

Details of person reporting the incident	Name	
	Job title	
	Contact details	
	Place of incident	
	Time and date of incident	
	Date of report	
Personal details of person subject to violence or threat of violence	Name	
	Job title	
	Contact details	
	Age	
	Employee	
	Contractor	
	Member of the public	
	Other (Please specify)	

Location of the incident (Include sketch where possible)	
Type of incident	<input type="checkbox"/> 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"/> Other (please specify) <hr/>
Nature of any injury	<input type="checkbox"/> Cut <input type="checkbox"/> Burn <input type="checkbox"/> Bruise <input type="checkbox"/> Scald <input type="checkbox"/> Strain <input type="checkbox"/> Other (please specify) <hr/>
Description of incident	
Actions taken at the time of the incident	<input type="checkbox"/> Security called <input type="checkbox"/> Police called <input type="checkbox"/> First aider called <input type="checkbox"/> Ambulance called <input type="checkbox"/> Other (please specify) <hr/>

<p>Did the person subject to violence suffer a major injury, need to be taken to hospital or was off work for more than 7 days?</p> <p>(Please give full details)</p>	
<p>Was the incident subject to a RIDDOR report?</p>	
<p>Were there any witnesses to the incident?</p>	
<p>Please give names and contact details</p>	
<p>What action has been taken to prevent a similar incident occurring?</p>	

Signature of person reporting the incident:

Date of report:
