

Policy:	Violent Incident Report Form	Reference:	VIRFSES0079
		Review Date:	03/2023

To be completed by both Employee and Manager. Employee details are to remain strictly confidential.

Time:			Day:		Date:	
Employe	e:					
Job Title:						
Manager:						
Location of Incident:						
Was the	Was the assault: Verbal/Physical/Other (specify)					
Description of Perpetrator: (if known)						
Name:						
Address	:					
Other de	etails:					
Any previous incidents with this perpetrator? Yes \Box No \Box Any witnesses? Yes \Box No \Box						

If yes, give date and brief details:				
Name(s) of any staff involved previously:				

If perpetrator unknown: physical description including age, sex, race, height, clothing, etc.

Give an account of the incident and the circumstances leading to it (use extra sheets if necessary)



Please give any details of other members of the public witnessing the incident:

Senior staff member notified? If yes, what action was taken?	Yes 🗆 No 🗆
Police involved?	Yes 🗆 No 🗆
Police response:	

Signed:....

Date:....