

INCIDENT REPORT FORM

SecuriCare version 2. Aug 2007

7.What type of violence was directed at staff? Indicate the level of violence:
 Non-physical; criminal damage, intimidation, abuse or threats etc Physical; grabbing or striking Violence involving the use of weapons
 Please describe: *i.e., he swore at me and punched the window*

Staff members name (if different from above): _____ Job title: _____

8.What was the 'outcome' of the incident? What was the result of the violent behaviour?
 Apparent minor injury/upset Moderate injury; requiring medical treatment Major injury; permanent incapacity or death Other;
 Please give brief description: *i.e., broken arm or laceration to face requiring stitches*

9.What action was taken after the incident?
 Victim taken to quiet area/time out First aid provided/offered Victim transported to hospital/offered Police attendance/notified
 Statement given to Police Crime Ref No issued:
 Please provide details: (If assistance such as first aid was offered and declined please state. Also note any attending Police officers shoulder Number and station):

10.Who was responsible for the abuse, threats or assault?
 Was the 'offender' known to staff? No Yes. Name(if known):
 Please describe: include; Age? Build? Clothing? Distinguishing features? Elevation (Height)?

11.Could anything be done to prevent a recurrence of this type of incident?

Report completed by: _____ Signed: _____
 Job/grade: _____ Length in post: _____ Age: _____ Gender: _____

Further action taken by the line manager PRINT NAME: _____ **Date:** / / .
 EHO telephoned/faxed/E-mailed; Date / / F2508 sent to LA; Date / / Not required
 Debrief convened; Date / / Access to counselling facilitated/provided. Date / /
 What action could prevent recurrence of this type of incident?

Action by senior management: PRINT NAME: _____ **Date:** / / .
 I have read this incident report. I recommend the following action:
 Incident investigation
 other action;
 The date for completion is: / /
 No action required/no obvious remedial action at present; situation to be monitored

Incident costing:		TICK:	COST:
Labour costs:	Cost of time lost by injured/absent staff member (hours lost x salary cost)		£
	Job cover cost; including overtime, increased staffing levels and contract or agency staff		£
Other costs:	Staff cost of dealing with incident; rearranging work, investigations etc		£
	Treatment costs; first aid, medical treatment and occupational health support costs		£
	Cost of re-instatement/remedial action; repairs, replacement and re-decorating etc		£
	Compensation payments, legal fees, fines and increased insurance premiums		£
	Other costs; including loss of revenue, service disruption etc please specify;		£
		TOTAL	£

This form was provided by **SecuriCare**;
"Helping you to manage the risk of challenging, disruptive and violent behaviour"
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Complete as fully as possible immediately after the incident. When completed return within 24 hours to your line manager.