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.

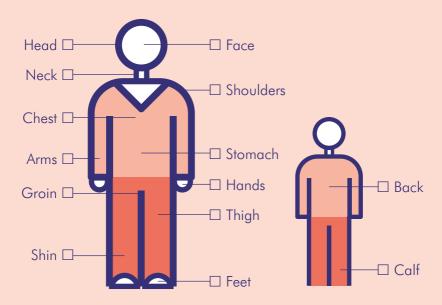
The victim must be given time away from their duties for this report form to be completed.

Victim's Name:	
Victim's Address:	
Victim's Contact Telephone Nu	mber:
Victim's Email Address:	
Date of incident:	Time of Incident:
Precise address and location of	f 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
□ YES □ NO
☐ YES ☐ NO Nature of Incident:
☐ YES ☐ NO Nature of Incident: ☐ Stalking
 □ YES □ NO Nature of Incident: □ Stalking □ Destruction of Property □ Physical Assault: Hitting, fighting, pushing, or shoving □ Armed Assault - Use of object as weapon
 □ YES □ NO Nature of Incident: □ Stalking □ Destruction of Property □ Physical Assault: Hitting, fighting, pushing, or shoving □ Armed Assault - Use of object as weapon □ Armed Assault - Use of weapon such as gun, knife, etc.
 □ YES □ NO Nature of Incident: □ Stalking □ Destruction of Property □ Physical Assault: Hitting, fighting, pushing, or shoving □ Armed Assault - Use of object as weapon □ Armed Assault - Use of weapon such as gun, knife, etc. □ Verbal Abuse
 Nature of Incident: Stalking Destruction of Property Physical Assault: Hitting, fighting, pushing, or shoving Armed Assault - Use of object as weapon Armed Assault - Use of weapon such as gun, knife, etc. Verbal Abuse Sexual Harassment
 □ YES □ NO Nature of Incident: □ Stalking □ Destruction of Property □ Physical Assault: Hitting, fighting, pushing, or shoving □ Armed Assault - Use of object as weapon □ Armed Assault - Use of weapon such as gun, knife, etc. □ Verbal Abuse

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:



Describe Incident in Detail

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

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Contact details of any w	imesses:
Name:	Contact details:
Name: Was first-aid required?	Contact details:

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FOLLOW-UP: FOR INTERNAL USE ONLY

Name and contact details of pe (Report must be attached on cor	
Name:	
Contact details:	
Date investigation commenced:	
Has a referral to an Employee A □ YES □ NO	ssistance Programme been made?
Name of responsible person and	d date of referral:
Name:	Date:
Has a referral for counselling be □ YES □ NO	en made?
Name of responsible person and	d date of referral:
Name:	Date:
Have the outcomes of follow-up the victim? □ YES □ NO	action been communicated to
Name of responsible person and	d date of communication:
Name:	Date: