VI – October 2013

# Northumberland County Council
# Violent Incident Form
## Private and Confidential

Please complete in the event of any physical assault or violent incident and retain a copy of this form on site. **Please refer to Violence at Work Guidance before completion.** After the form has been completed and signed by the appropriate officer(s) it should then be submitted to the Corporate Health and Safety Team at County Hall.

| Group: | Department: | Service: |
|---|---|---|
| Establishment/Base: (e.g. School, ATC, Depot) | | |

| Details of person assaulted, threatened, injured or verbally abused:<br>Surname:<br><br>Forename(s):<br><br>Sex: **M/F** Age: | Address of injured person (or address of employer if contractor):<br><br><br>Post code: Tel no: |
|---|---|

| Date of incident | Time of incident | Date reported | Time reported |
|---|---|---|---|
| | | | |

| To whom was the incident reported?<br>Name:<br><br>Position: | Occupation of injured/affected person (indicate if agency worker) | Payroll no |
|---|---|---|
| | | |

If an injury has been sustained, please state precise nature of injury and part of body injured (where applicable state left or right).

| Where did the incident occur? | Is the accident reportable to the HSE? **Y/N**<br>If **Yes** please enter the notification number here: | Was first aid given? **Y/N**<br>(if **Yes** provide details below) |
|---|---|---|
| | | |

Briefly describe the circumstances of the incident. Please include the cause of the injury and attach a sketch, where appropriate. Please give details of any first aid rendered. If the injured person was hospitalised say where and when.

Immediate action taken to prevent a recurrence of incident. Please attach an incident investigation report where appropriate

**Employee Incidents Only**

**(Managers should ensure that any lost time is logged as an "Industrial Injury" via the sickness reporting procedure)**

Is the injured person absent from work? **Y/N** Date of ceasing work: Time of ceasing work:

If **No,** is absence anticipated? **Y/N**

| Normal working hours on day of accident:<br><br>From: To: | Was the person doing something authorised or permitted for the purpose of his/her work? **Y/N** |
|---|---|

| Did the incident involve the following? (please select as appropriate) | Level (Please consult guidance and select appropriate number) | Were the police involved? |
|---|---|---|
| Physical violence ☐ Non-physical violence ☐<br>Self-infliction ☐ | **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ | Yes ☐ No ☐ |

If the incident involved any of the following, please specify (select as appropriate)

| | | |
|---|---|---|
| Verbal abuse ☐ | Verbal threat ☐ | Threat by a third party ☐ |
| Threat with a weapon ☐ | Damage to property ☐ | Threatening Situation ☐ |
| Harassment/Bullying ☐ | Threat to injure family or pets ☐ | Other ☐ |

Details of assailant/perpetrator

Surname:

Forename(s):

Sex: **M/F** Age:

Occupation:

Approximate weight:

Approximate height:

Address of assailant (if known or if different from overleaf)

Name of witness (and address if non-council employee)

| Ethnic Group (please select as appropriate) | Assaulted person | Assailant |
|---|---|---|
| White | ☐ | ☐ |
| Black – Caribbean | ☐ | ☐ |
| Black – African | ☐ | ☐ |
| Black – Other | ☐ | ☐ |
| Indian | ☐ | ☐ |
| Pakistani | ☐ | ☐ |
| Bangladeshi | ☐ | ☐ |
| Chinese | ☐ | ☐ |
| Other (please state) | | |

Did the incident involve any of the following? (please select relevant boxes)

| | | | |
|---|---|---|---|
| Behavioural disorder | ☐ | Drugs | ☐ |
| Offensive weapon | ☐ | Solvent abuse | ☐ |
| Mental disorder | ☐ | Alcohol | ☐ |
| Challenging behaviour | ☐ | Restraint | ☐ |

Proposed management action (e.g. counselling or other supportive measures, changes to systems etc.)

| Date | Name/Signature of Employee: | Counter signature/name of Chief Officer of Directorate or Authorised Officer: |
|---|---|---|
| Date | Name/Signature of Manager/Supervisor: | |