

**NORTHUMBERLAND COUNTY COUNCIL  
VIOLENT INCIDENT FORM (VI)  
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 viewed/signed by the appropriate officer(s) it should then be submitted to the Corporate Health and Safety Team at County Hall via email to **healthandsafety@northumberland.gov.uk**. Alternatively, you can print the form out and send it via mail.

Group: <b>Children's Services</b>		Department: <b>Safeguarding &amp; Looked After Children</b>		Service: <b>Residential Services</b>	
Establishment/Base:					
Details of person assaulted, threatened, injured or verbally abused:					
Surname:		Surname:		Surname:	
Forename(s):		Forename(s):		Forename(s):	
Sex: <b>M/F</b> Age:		Sex: <b>M/F</b> Age:		Sex: <b>M/F</b> Age:	
Date of incident		Time of incident		Date reported	
Time reported		Date reported		Time reported	
To whom was the incident reported? Name:			Occupation of injured/affected person (indicate if an agency worker)		Payroll no (if applicable)
Position:					
If an injury has been sustained, please state precise nature of injury and part of body injured (where applicable state left or right). If reporting a non-physical violent incident please confirm that no injury was sustained.					
Where did the incident occur?		Is the incident reportable to the HSE? <b>Y/N</b> If <b>Yes</b> the person making the call to the Call Centre should enter the reference number here:		Was first aid given? <b>Y/N</b> If <b>Yes</b> provide details in the box below	
Accurately describe the circumstances of the incident. Please attach a sketch or photographs if appropriate. If an injury is sustained please provide details of the cause and indicate the first aid treatment rendered. If the injured person has been hospitalised, say where and when.					
Action taken to prevent a recurrence of incident. Please attach an incident investigation report where appropriate					
<b>Employee Incidents Only</b> (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? <b>Y/N</b> If No, is absence anticipated? <b>Y/N</b>			Date of ceasing work: Time of ceasing work:		
Normal working hours on day of accident: From:                      To:			Was the person doing something authorised or permitted for the purpose of his/her work? <b>Y/N</b>		
Did the incident involve the following?  Physical violence <input type="checkbox"/> Non-physical violence <input type="checkbox"/>  Self-infliction <input type="checkbox"/>		Level of Violence (Please consult guidance and choose <b>one</b> appropriate number)  1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		Were the police involved?  <b>Y/N</b>	
What triggered this incident?				Trigger Category (Please consult guidance and choose most appropriate category)  A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	
If the incident involved any of the following, please specify					

Verbal abuse	<input type="checkbox"/>	Verbal threat	<input type="checkbox"/>	Threat by a third party	<input type="checkbox"/>
Threat with a weapon	<input type="checkbox"/>	Damage to property	<input type="checkbox"/>	Threatening Situation	<input type="checkbox"/>
Harassment/Bullying	<input type="checkbox"/>	Threat to injure family or pets	<input type="checkbox"/>	Other	<input type="checkbox"/>
Details of assailant/perpetrator			Occupation:		
Surname:			Approximate weight:		
Forename(s):			Approximate height:		
Sex: <b>M/F</b>		Age:			
Address of assailant (if known or if different from overleaf)			Name of witness (and address if non-council employee)		
Ethnic Group			Did the incident involve any of the following? (please tick relevant boxes)		
Assaulted person		White – British		Behavioural disorder <input type="checkbox"/>	
Assailant		White – British		Drugs <input type="checkbox"/>	
			Offensive weapon <input type="checkbox"/>		Solvent abuse <input type="checkbox"/>
			Mental disorder <input type="checkbox"/>		Alcohol <input type="checkbox"/>
			Challenging behaviour <input type="checkbox"/>		Restraint <input type="checkbox"/>
Proposed management action (e.g. counselling or other supportive measures, changes to systems etc.)					
Date	Name/Signature of Manager who has viewed this form (*see note below):		Name/counter signature of Chief Officer of Directorate or Authorised Officer (*see note below):		

\* Managers should confirm they have viewed the content of this form by completing this section as appropriate .

**On completion please email to: [healthandsafety@northumberland.gov.uk](mailto:healthandsafety@northumberland.gov.uk)**