

TRIAL MODE - Verbal Abuse & Anti Social Behaviour Reporting Form

A form for ECC employees to use for quickly reporting instances of verbal abuse or anti-social behaviour. Depending on the severity and employee wishes, the incident will either be: a) acknowledged by line manager and recorded on MySafety b) investigated by your line manager and recorded on MySafety

Incident Date

Incident Time

Personal Details

Are you the person who experienced the verbal abuse or antisocial behaviour? Yes No

Your full name:

Your job title:

Your email address:

Affected person's full name:

Affected person's job title:

Affected person's team name:

Affected person's telephone number:

Affected person's email address:

Your full name:

Your job title:

Name of your team:

Your contact number:

Your e-mail address:

Date of Incident:

Is the effected person an employee? Yes No

Status of the non-employee:

About the incident

Select the location of the incident:

Other Location:

Did the incident take place:

Describe in as much detail as possible what happened:

Were any of the following protected characteristics involved in the incident?

- Age
- Disability
- Gender Reassignment
- Being Married or in a Civil Partnership
- Race
- Religion or belief
- Sex
- Sexual Orientation
- Being pregnant / On maternity leave
- None of the above

Do you or the organisation know the perpetrator?

Yes No

Perpetrator full name:

Perpetrator job title (if applicable):

Address of perpetrator (if available):

Can you describe the perpetrator?

After the incident

Have any actions been taken to stop a repeat of this incident:

Are you or the affected person aware of ECC employee assistance programmes? Yes No

Do you feel this incident requires investigating by your line manager? Yes No