

# 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, support offered and incident recorded on MySafety b) investigated by your line manager, support offered and incident recorded on MySafety

Incident Date	<input type="text"/>	Incident Time	<input type="text"/>
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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:

Which of these best describes the incident:

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