

Physical Violence Reporting Form

Violence - Physical Harm is classified as an event that was caused by an individual to cause harm to another person.

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

Person reporting this incident	
Your full name:	<input type="text"/>
Your job title:	<input type="text"/>
Please provide the name of your team:	<input type="text"/>
Your contact number:	<input type="text"/>
Your e-mail address:	<input type="text"/>
Date incident was reported to you:	<input type="text"/>
Time incident was reported to you:	<input type="text"/>

About the person affected by violent incident

Full name of affected person:	<input type="text"/>
Is the affected person an employee?	<input type="radio"/> Yes <input type="radio"/> No
Status of the Non-Employee:	<input type="text"/>
You have selected non-employment status as 'other', please provide the status below:	<input type="text"/>
Contractor name (If available):	<input type="text"/>
Affected person's telephone number (if available):	<input type="text"/>
Affected persons e-mail (if available):	<input type="text"/>
Affected persons Job Role (if relevant and available):	<input type="text"/>
Do you know the address of the affected person?	<input type="radio"/> Yes <input type="radio"/> No
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
Address 3:	<input type="text"/>
Town/ City:	<input type="text"/>
County:	<input type="text"/>
Postcode:	<input type="text"/>
Age of the affected person:	<input type="text"/>
Gender of the affected person:	<input type="text"/>

About the Violent Incident

Select the location of the incident:	<input type="text"/>
Other Location:	<input type="text"/>
Describe where on the premises or outside space this happened?	<div></div>

What work/ activity was being undertaken at the time of the incident?

Please select the factor involved in this incident:

Which of these best describes the incident:

Please enter the other cause:

Please select any discrimination involved in the incident (if any):

- ☐ Racial Abuse
- ☐ Sex
- ☐ Sexual Orientation
- ☐ Age
- ☐ Disability
- ☐ Gender reassignment
- ☐ Marriage and Civil Partnership
- ☐ Pregnancy and Maternity
- ☐ Religion of belief

Incident Type

Describe in as much detail as possible what happened:

What was the effect on the affected person(s) involved:

What events led up to and may have triggered the violent/ abusive incident:

Was there any property, equipment or vehicle damaged ☐ Yes ☐ No as a result of this incident?

Please describe how the damage was caused:

What damage was caused?

Was the police informed of the incident? ☐ Yes ☐ No

Police reference number provided (if known)

Relationship assailant has with the organisation

Does the organisation or the affected person know the assailant? ☐ Yes ☐ No

Assailant name:

Job Title (if applicable):

Address of Assailant (if available):

Can you describe the assailant?

Has an incident with this person been recorded more than once? ☐ Yes ☐ No

What de-escalation techniques were used?

Was Physical Intervention used? ☐ Yes ☐ No

Names and roles of staff applying physical intervention/restraint:

How long were holds applied for?

Were all staff involved in the incident trained in a recognised Physical Intervention technique?

☐ Yes ☐ No

Who was the training provider:

What is the name of this approach?

Names of the individuals that were not trained in Physical Intervention:

Is there a personalised stress/distress management plan, risk management/support plan or an equivalent for the child or young person?

☐ Yes ☐ No

Does the plan include the use of restrictive physical intervention as part of the adult response when deemed absolutely necessary?

☐ Yes ☐ No

Name of staff member that led the physical intervention:

Injury Sustained

Injuries sustained:

Other not known: Please explain why it is not known:

Please describe the natural cause:

In the list above, did you select any of the injuries specified under RIDDOR Reportable?

☐ Yes ☐ No

Was the non-employee taken directly to hospital for treatment of that injury?

☐ Yes ☐ No

Was the pupil/ student injury as a result of a playtime activity?

☐ Yes ☐ No

Please confirm that this incident resulted in death of the affected person? ☐ Yes ☐ No

Injury location(s)

Injury Details:

Please confirm that the incident resulted in the affected person losing consciousness due to a head injury or asphyxia: ☐ Yes ☐ No

Was first aid treatment received? ☐ Yes ☐ No ☐ Not applicable

Who gave the first aid treatment?

What treatment was given?

Why was first aid treatment not required

Was treatment by a medical profession required? ☐ Yes ☐ No

Was the person absent from work following the incident? ☐ Yes ☐ No

Is this person likely to be absent from work for a period of over 7 days, or unable to return to full duties within 7 days?

☐ Yes ☐ No

Please provide the first full day that the affected person was away from work:

Has the person returned to work?

☐ Yes ☐ No ☐ Not applicable

Date the person returned to work:

In what capacity did the person return to work:

RIDDOR Confirmation

----->

☐ Yes ☐ No

Please select the city, borough or district in which the premises is located:

Main activity carried out at the incident location:

Work being undertaken at the time of the incident

Witness to incident

Was there a witness to the incident ☐ Yes ☐ No

Name of witness

Job title of witness (if applicable)

Telephone number of witness (where available)

E-mail address of witness (where available)

Address of witness

What was witnessed:

Has a written statement been provided? ☐ Yes ☐ No

Please attach statement:

Was there additional witnesses to this incident? ☐ Yes ☐ No

Save and Submit Declaration