

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

Incident Time

Person reporting this incident

Your full name:

Your job title:

Please provide the name of your team:

Your contact number:

Your e-mail address:

Date incident was reported to you:

Time incident was reported to you:

About the person affected by violent incident

Full name of affected person:

Is the affected person an employee?

Yes No

Status of the Non-Employee:

You have selected non-employment status as 'other', please provide the status below:

Contractor name (if available):

Affected person's telephone number (if available):

Affected persons e-mail (if available):

Affected persons Job Role (if relevant and available):

Do you know the address of the affected person?

Yes No

Address 1:

Address 2:

Address 3:

Town/ City:

County:

Postcode:

Age of the affected person:

Gender of the affected person:

About the Violent Incident

Select the location of the incident:

Other Location:

Describe where on the premises or outside space this happened?

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

Please select the factor involved in this incident:

What is the apparent cause of the Violence/ Abuse:

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

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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