South Tyneside Council

South Tyneside Homes
South Tyneside Council's Housing Company

Skills SOUTH TYNESIDE

Document Reference:21037

VIOLENCE REPORT FORM V1

Incident Ref. No.

Under the terms of the Council's Procedures you MUST complete this form as soon as possible following the incident

Part 1

Title		**Surname**		**Forename(s)**	
Address					
Occupation					
Date of Birth		**Payroll No:**		**Department / section**	

When and where did the incident occur? (Please complete all of the boxes below)

Date		**Location (be specific)**
Time		

When and who did you report the incident to? (Please complete all of the boxes below)

Date reported		**Time reported**		**To whom reported**	

Details of the incident (please give as much detail as possible about what happened)

Please indicate in the boxes provided what protective equipment was available at the time:

Personal Alarm		**Personal Portable Alarm**		**Screens**		**Any other security measures (please specify)**	

If applicable indicate injuries or property damage caused by the incident below (e.g. laceration left index finger /broken window):

I hereby declare that the statements and particulars in my report (part 1) are true, to the best of my knowledge, and that no material information within my knowledge has been withheld.

Name		**Signature**		**Date**	

Part 2

This section must be completed by the immediate manager or responsible person, of the employee involved in the incident

First Aid information (if applicable)

Treated

Date reported		**Time reported**		**Location**	
Extent of injuries			**Treatment Given/Action Taken**		

Was the employee referred to hospital?	**Yes**	☐	**No**	☐
Was the employee detained overnight in hospital?	**Yes**	☐	**No**	☐

Investigation Details

Has a risk assessment been completed for this task/operation? If no please explain why not below	**Yes**	☐	**No**	☐

Were all the precautions/controls identified in the risk assessment implemented/followed? If no please explain why not below	**Yes**	☐	**No**	☐

Has the employee received appropriate training/instructions for the task /operation? If no please explain why not below	**Yes**	☐	**No**	☐

Has this training/instruction been recorded?	**Yes**	☐	**No**	☐

Do you agree with the statement at Part 1? If no please explain why not below	**Yes**	☐	**No**	☐

Please indicate below any actions you propose to take to prevent a similar incident occurring

Is the incident/injury/damage immediately reportable under RIDDOR?	**Yes**	☐	**No** ☐
If yes, name of person who reported it		**Date**	

Name		**Signature**		**Date**	

Please forward Incident Form to the Corporate Health & Safety Team for any further consideration/advice

Part 3
This section is to be completed by the Corporate Health & Safety Team

Incident Ref No (if applicable)

To be completed if responsible persons investigation and or proposed preventative actions requires further consideration/advice.			
Signature		Name (Block Capitals)	
Date		Designation	

Part 4
This section must be completed by the immediate Manager or responsible person, of the employee involved in the incident

After considering any additional advice provided by the Corporate Health & Safety Team in relation to your proposals at part 2 please indicate below the action you have introduced to prevent a similar incident occurring

Does the incident qualify for Industrial Injury Pay? If no please state why	**Yes**		**No**	

Name		**Signature**		**Date**	

Part 5
Approval be Senior Manager

Name		**Signature**		**Date**	

Part 6
Administration notification requirements

HSE: F2508 Senior manager: V1 Corporate Health & Safety Team: E/liability& V1
Trade Union Rep: V1 Insurance: E/liability & V1 Personal File VI