



## HS3 Violence & Aggression to Staff Investigation Report Form (Verbal abuse or physical injury)

<b>Reporting Department:</b>		<b>Section:</b>	
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1. About the Injured Person			
<b>Name:</b>			
<b>Address:</b>			<b>Postcode:</b>
<b>Contact details:</b>		<b>Payroll No:</b>	
<b>Department:</b>		<b>Job title:</b>	
<b>Age:</b>		<b>Gender:</b>	
<b>Ethnic origin:</b>		<b>Usual workplace:</b>	

2. About the Incident			
<b>Name of person reporting incident:</b>		<b>Pay No:</b>	
<b>Contact telephone:</b>		<b>Contact email:</b>	
<b>Date of incident:</b>		<b>Time of incident:</b>	
<b>Date Incident reported:</b>			
<b>Address where incident took place</b>			
<b>Precise location:</b>			
<b>What happened?</b> (Continue on a separate sheet if necessary. Record details of anything that may have contributed to the incident)			
<b>Was this incident motivated by any of the protected characteristics contained within the Equality Act 2010?</b> <small>(These include age, disability, gender reassignment, marriage &amp; civil partnership, pregnancy &amp; maternity, race, religion or (non) belief, sex or sexual orientation)</small>			<b>Yes / No</b>
<b>If yes, please state which characteristic:</b>			
<b>Was verbal abuse used?</b>	<b>Yes / No</b>	<b>Did it include:</b>	
		<b>Threat of Violence?</b>	<b>Yes / No</b>
		<b>Foul language?</b>	<b>Yes / No</b>
		<b>Aggressive behaviour?</b>	<b>Yes / No</b>
<b>Other (Please describe):</b>			

<b>Was injury sustained?</b>	<b>Yes / No</b>	<b>What was the injury?</b>	
<b>What part of the body was injured (left/right)?</b>		<b>Was a stay in hospital over 24 hrs required?</b>	<b>Yes / No</b>
<b>Did anyone witness the incident?</b>	<b>Yes / No</b>		
<b>Give names and addresses of witnesses:</b> (include postcode)	<b>Name:</b> <b>Address:</b>		

<b>3. First Aid Details</b>			
<b>First aid provided?</b>	<b>Yes / No / NA</b>	<b>Time of attendance:</b>	
<b>If yes, give details of first aid provided:</b>			
<b>Name first aider:</b>		<b>Signature:</b>	

<b>4. About the Aggressor</b> (Details of any other aggressors can be included on additional sheets)			
<b>Name:</b>		<b>Age:</b>	
		<b>Gender:</b>	
<b>Address:</b> (include postcode)			
<b>Has the aggressor been reported previously for violence and aggression issues?</b>			<b>Yes / No</b>
<b>If yes, give details:</b>			

<b>5. For Completion by Manager / Supervisor / Head Teacher</b>					
<b>Name:</b>		<b>Designation:</b>		<b>Contact:</b>	
<b>Do you expect employee to lose time off work?</b>	<b>Yes / No</b>	<b>If yes, more than 7 days?</b>	<b>Yes / No</b>	<b>Days lost:</b> (If known)	
<b>Have the Police been informed?</b>	<b>Yes / No</b>	<b>Will legal action be taken:</b>		<b>Yes / No</b>	
<b>Action taken to avoid a recurrence:</b> (Use separate sheet if necessary)					
<b>Are risk assessments in place in relation to this incident?</b>					<b>Yes / No</b>
<b>I have had regard to the council's behaviour policy?</b>					<b>Yes / No</b>
<b>Signature:</b>				<b>Date:</b>	

Thank you for reporting and investigating this incident which will help reduce the likelihood of reoccurrence. Please forward this form to the Corporate Health, Safety & Wellbeing Service (Room 255, Guildhall, Swansea, SA1 4PE).

*This section is for the Corporate Health, Safety & Wellbeing Service use only.*

<b>Receiving Officer:</b>				<b>Date:</b>	
<b>RIDDOR reportable?</b>	<b>Yes / No</b>	<b>RIDDOR ref:</b>		<b>Date:</b>	
<b>Process type:</b>		<b>Incident type:</b>		<b>Lost time:</b>	
<b>Investigated by:</b>				<b>Date:</b>	
<b>Report sent to:</b>				<b>Date:</b>	