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| Abuse or Aggression to Staff Incident/Near-Miss Report Form**<Name>** | A picture containing drawing, shirt  Description automatically generated |

Staff should complete this form as fully as possible for the risk of abuse/aggression (i.e. physical abuse, aggression, verbal abuse, or racial abuse, intentional damage to personal property) to be managed more effectively and reduced in the future.

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| --- | --- |
| **Location of Incident** | **Date and Time** |
|  |  |
| **Details of Incident** |
| **Please describe the incident in as much detail as possible; including:*** **events leading up to it**
* **what work was being carried out the time,**
* **what happened as it escalated,**
* **were there any contributing factors,**
* **whether a weapon was involved,**
* **who else was present**
* **what the outcome was.**
 |
| **Type of abuse** |
|  |
| **Details of the Offender (if known)** |
| **Client I.D (if relevant):****Name:****Address:****Age:** |  |
| **Is the offender known to be involved in previous incidents?** Yes / No |
| **If Yes, Give brief details:** |
| Details of any Witnesses |
| **Name:****Address:****Contact No.:** |  |
| **Name:****Address:****Contact No.:** |  |
| Preventative Measures |
| **Had any measures been taken to try and prevent an incident of this type occurring or if no measures were taken beforehand, in your view could action now be taken?**  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| **Signed** (Staff member): |   |   |   |   |  |  |
| **Job Title:** |  |  |  |  |  |  |
| **Date:** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Return this form to your manager within 48 hours after the incident/near miss**

Health & Safety Executive (HSE) Tel: 0845 300 99 23

http://www.hse.gov.uk/riddor/index.htm