NORTH LANARKSHIRE COUNCIL



VIOLENT INCIDENT AT WORK REPORT FORM

This form must be completed following any incident where an employee is abused, threatened or assaulted in circumstances arising out of the course of his or her employment. This will include not only physical attacks but also threats and fear of violence, verbal abuse, racist, religious and sexual harassment, or humiliating behaviour likely to undermine self confidence and cause employees to suffer anxiety or stress related disorders. Please complete all sections and check the back of this form for any Service specific sections.

Where the incident of violence results in an employee receiving a physical injury or being off work for more than seven days, the Council Incident Report Form (HSF1) must be used instead of this form.

Employing Service	Location of incident	Date	Tim	e	
Threatened/Injured Employee		,	,		
Name	Date of birth	or Employe	e number		
Occupation		Workbase			
Nature of the incident					
Please give a brief summary of the inc	ident, any miniodiate action taken,	and where known, the	names of any parties involved	veu.	
		(Attach a	additional sheets of paper if	f required)	
Please indicate the principal form of v	iolence: Verbal abuse	Physical abuse [Sexual abuse	-	
North Lanarkshire Council employee consent By ticking this box I give my consent to my employer to disclose my personal information and details of the incident which appear on this form to recognised trades union safety representatives or representatives of employee safety for them to carry out the health and safety functions given to them by law. If consent is not given, then anonymised details of the incident will be provided.					
☐ (tick box) Signature		Date			
If you are a member of a recognised trades union, please provide details					
If you are not a member of a recognised trades union, but have a representative of employee safety in your workplace, provide details					
Please provide the details of any wit	nesses to the incident.				
Witness name Contact address		itness name ontact address			
Post code Telephone		ost code elephone			
Council employee? Yes □	No □ Co	ouncil employee?	Yes □ No □		

Health and Safety Form: Violence Report Form

Reference: HSF2

Line manager to complete this section (Please state what action has been taken to prevent a recurrence)				
	(Please attach any other relevant information	in respect of this incident)		
2.		_		
Name of reporting officer	Signature	Date		
	1 11 G			
This should now be reported to Senior Management in accordance with Service arrangements				
Name of senior manager	Cianatura	Date		
Name of senior manager	Signature	Date		
This form plus the Management Investigation Report (HSF3), where applicable, must be processed in accordance with the				

Service arrangements for incident reporting, to include prompt recording on CIRIS.

Health and Safety Form: Violence Report Form **Reference**: HSF2