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| **INCIDENT REPORT FORM (INC1)** |  |

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| **Details of person making report:** |
| Name of Person Reporting: | Directorate/School: |
| Job Title: | Telephone No.: |

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| **Details of any persons involved in incident** (if different from above)**:** |
| Name(s): |  |  |  |
| Address(es): |  |  |  |
| Phone No:Home & Work |  |  |  |

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| **Incident Details** (where applicable)**:** |
| Site or Premises Where Incident Occurred: |
| Specific Location / Area of Concern: |
| Please specify which of the following applies to the incident victim (Please tick box):Staff 🞏 Service User 🞏 Visitor 🞏 Pupil 🞏 Member of the public 🞏 |
| Was there a verbal assault? Yes 🞏 No 🞏 | Was a staff member threatened with physical violence? Yes 🞏 No 🞏 |
| Time (24 hour clock): \_\_ \_\_ : \_\_ \_\_ Date: / / |

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| **Please give description (providing as much detail as you can) of incident / item causing concern, including the injury / damage potential. If this was a verbal assault, please state how it made you feel:** |
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| **To be completed by the person reporting:** **Print Name**  **Signed:**  **Date:**  |

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| **Manager Report:** |
| Work/Activity being undertake at the time of the incident: |
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| What happened in the lead up to the incident: |
| Action taken to prevent a similar incident occurring: |
| Other relevant information which describes what happened: |

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| **To be completed by the Manager/Supervisor who should verify the content:** **Print Name**  **Signed: Date:**  |
| **When completed, return this form to** **corphealthandsafetyonevale@valeofglamorgan.gov.uk** |

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| To be completed by Health & Safety Officer: **Rec’d: Investigated: Yes / No**  |