# Violent or Aggressive Incident Report

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| **Date & Time of incident** |  |
| **Member of Staff involved** |  |
| **Male/Female** |  |
| **Job title** |  |

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| **What activity was the staff member engaged in at the time of the incident?** |
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| **Details of assailant(s)** |
| **Name** |  |
| **Address** |  |
| **Age** |  |
| **Male/female** |  |

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| **How long has the assailant been a patient at the practice?** |  |
| **What sort of treatment has he/she received in the past?** |  |

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| **Details of witness(es)** |
| **Name** |  |
| **Address** |  |
| **Age** |  |
| **Male/female** |  |

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| **What happened?** |
| **Type of abuse** | e.g. verbal, physical violence, anti-social behaviour |
| **Details** |  |
| **Did the abuse result in an injury? If yes, give details** |  |
| **Location of incident** |  |
| **Outcome** | e.g. de-registration, police informed, legal action  |
| **What support services have been offered to the victim?** | e.g. time off, counselling, legal support |
| **Any other relevant information** |  |

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| **Signed** |
| **Practice owner** |  |
| **Member of staff** |  |