

Report of assault / abuse at work

Location of Attack _____

Name of person attacked _____

Job Title _____

Date

Time

Type **Verbal Abuse** **Verbal Threats** **Spitting**
(please circle)

Physical Unarmed

Physical Armed

Other

Time / Days lost

Comments (Attach photographs if available)

Injuries / Damage

To be completed following management investigation

No of previous incidents involving same assailant

Police informed

Yes / No

Name, Crime Incident No and Station

Prosecutions

No of assailants identified

to be completed

No of individuals charged

*** Guidance on completing this form is on the reverse**

Form to be submitted to :

Guidance on completing Report Form

An individual incident may include more than one kind of attack
All relevant boxes should be completed

Attack definitions

Verbal Abuse	This should include any verbal abuse or unacceptable behaviour either face to face or by telephone
Verbal Threats	This should include any threat to the individual's person, property or livelihood or family
Spitting	This should include any instance where the member of staff is spat at directly whether or not he or she is hit
Physical Unarmed	This should include any aggressive stance in which the member of staff feels threatened or undermined
Physical Armed	This should include any item used as a weapon or missile. Details should be provided in the Comments section
Other	This should include any other type of verbal or physical abuse not covered by previous sections. Details should be provided in the Comments section