**Assault/Abuse Incident Report Form**

|  |  |
| --- | --- |
| Date of Report (DD/MM/YYYY) |  |
| Time of Report (24:00) |  |
|  |  |
| Date of Incident (DD/MM/YYYY) |  |
| Time of Incident (24:00) |  |
|  |  |
| Reported by (name & role) |  |
| Location of Incident |  |

Type of incident: (tick all that apply)

Verbal abuse

Physical assault

Threat of violence

Anti-social behaviour

Theft or attempted theft

Criminal damage

Cash refusal/threats

Substance misuse

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was CCTV available or requested? YES  NO

Were the police notified? YES  NO

Crime Reference Number (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was medical assistance required? YES  NO

Details of medical assistance provided (if applicable)

Incident Description (Please provide a full factual account):

Witness Details (if applicable):

|  |  |
| --- | --- |
| Name |  |
| Contact Information |  |

Immediate Action Taken:

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_