

## Sample Incident Report Form

<b>Your details</b>					
Title	Miss <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
First name					
Other name					
Last name					
Your Job Role	(Please select one)				
Business	(Please select One)				
Business area e.g. Customer Service, Pensions Centre					
Home Office / Usual Place of Work					
Have you had the appropriate level of keeping safe training?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Time in Post	Years		Months		
Your Line Manager					
Incident date DD/MM/YYYY					
Incident time i.e. 14:00					
Claimant title	Miss <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
First Name					
Other Name					
Last name					
Nino					
Who are you reporting as a result of this incident		Claimant <input type="checkbox"/>		Other <input type="checkbox"/>	
<b>If not the claimant tell us the details</b>					
Title	Miss <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
First name					
Other name					
Last name					
Relationship to claimant i.e. carer					
<b>Claimant or Assailants address</b>					

House number or name			
Street			
Town			
County			
Post code			
Were others present		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Events leading up to incident	(Please Select One)		
Incident location e.g. Forum Area	(Please select one)		
Incident category	(Please select one)		
Incident type	(Please select one)		
Incident details	(Please select one)		
Narrative of incident. (Brief and factual description)			
<b>Managers Section</b>			
Is this a Fast Track Incident	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is RIDDOR Appropriate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Were Police called to the incident	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Please confirm that you have read this report	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Your comments and any other information for the nominated manager			