Appendix 1: Incident Reporting Form (Paper)

All attempts should be made to report online in the first instance via the online volunteer portal at www.cfdn.org.uk/forms

INCIDENT REPORT FORM

FOR OFFICE USE ONLY			
Incident Number:		**Date Received:**	
Management Appointed:		**Date Completed:**	

Details of Person Reporting the Incident

Forenames:___________________________ **Surname:**_________________________________

Incident Details

***Incident Date:** / / ***Incident Time:**___________

***Type of Incident**

□ Injury □ Security □ Near Miss □ Equipment Issue
□ Transport Incident □ Violence □ Data Protection □ Violent
□ Other (*specific*)……………………………………………………………………………………………………

***Did the Incident Result in Injury/Ill Health?** □ **Yes** □ **No**

Incident Location

Name:____
Street:______________________________________ **Town:**_____________________________
County:_____________________________________ **Postcode:**___________________________
Event Name:_________________________________

Details of Persons Injured/Affected/Involved

□ Employee/Volunteer □ Member □ Parent/Relative □ Member/s of the Public
□ Other (*specific*)……………………..

Name:______________________________
House No/Name:____
Street:______________________________________ **Town:**_____________________________
County:_____________________________________ **Postcode:**___________________________

Nature of Injuries: □ None □ Low □ Moderate □ Severe □ Death
Treatment/Medical Attention □ None □ First Aid □ A&E □ GP □ Occ Health
Has it been necessary to stop work: □ Yes □ No **Est Absence Duration** □ Yes □ No

Person Reporting the Incident/Witness

Name:______________________________ **Job Title:**__________________________________

Violent Incident

Name of Assailant:____ **Age:**_____________
Description of Assailant:____
____ □ **Male** □ **Female**
House No/Name:____
Street:______________________________________ **Town:**_____________________________
County:_____________________________________ **Postcode:**___________________________
Police Informed: □ Yes □ No **Name/Number of officer Dealing:**__________________
Station:_____________________________ **Crime No:**________________________________

Type of Incident

□ Physical □ Verbal □ Sexual □ Racial □ Other……………..

Damage to Property: □ Yes □ No **Weapon Involved:** *(specific)*……………………..

Aggravating Factors

□ Alcohol □ Drugs □ Mental Health □ Medical

Further Action Required

□ Police □ Special Situation □ Verbal Conversation □ Warning Letter □ None

Incident Details

Description of Incident: (Please give as much detail as possible)

Name:______________________________ **Signature:**___________________ **Date:**____________

Incident Scoring (OFFICE USE ONLY)

Please Risk Score the incident and include the sequence of events, any immediate actions undertaken and the outcome of any person injured or affected	**Impact** □ Insignificant (1) □ Minor (2) □ Moderate (3) □ Major (4) □ Catastrophic (5) **Likelihood** □ Rare (1) □ Unlikely (2) □ Possible (3) □ Likely (4) □ Almost Certain (5) **Total Risk Score** (Impact x Likelihood = Risk):_____________________

Investigators Comments: (OFFICE USE ONLY)

Name:______________________________ **Signature:**___________________ **Date:**____________

Actions: (OFFICE USE ONLY)

Is the Incident Resolved: □ Yes □ No **Date:**_________________________

Name:______________________________ **Signature:**___________________ **Date:**____________