



Violence at Work incident reporting Form

Report Form No.....

This form is to be used to record incidents where an LSE employee is subject to verbal abuse and or physical assault. Please see guidance on recording incidents of violence at work. Completed forms should be sent to: The School Health & Safety Adviser, Room U1006 London School of Economics, Houghton Street, London WC2A 2AE

A copy of this form must be retained by the department in question.

PLEASE PRINT CLEARLY IN BLOCK CAPITALS

TYPE OF INCIDENT *Please tick one or both boxes*

| | |
|--------------|-------------------|
| Verbal abuse | Physical assault. |
|--------------|-------------------|

DETAILS OF PERSON ASSAULTED

| | | |
|--|---------|-------------|
| Name:..... | | |
| Department:..... | | |
| Occupation (LSE job title where appropriate):..... | | |
| | | |
| Age:..... | Gender: | Male/Female |

DETAILS OF THE INCIDENT

| | |
|---|-------|
| Date: | Time: |
| Location: :..... | |
| Give brief description of what happened: | |
| | |
| | |
| Was the incident witnessed by anyone? Yes/No | |
| If yes give names & contact details of witnesses: | |
| | |

DETAILS OF ASSAILANT

| |
|--|
| Status: Student/contractor/member of public/other member of staff. |
| Name (if known) |
| Dept & Course (if known) |
| |
| If above details not known please give a full description of the assailant, e.g. gender, age, build, height, colour, length, style of hair, colour of skin, eyes, any distinguishing features, description of clothing worn etc. |
| |
| |

DETAILS OF ANY INJURY

Did injury occur? Yes/No

What was the nature of the injury?.....

Was First Aid provided? Yes/No

Name of First-aider:

Did the injured person stop work as a result of the incident. Yes/No

If yes date and time when work was resumed:.....

Has the employee consented to his/her details being disclosed to other parties within the School? Yes/ No

Has the incident been reported to Security: YES / NO

Give details:

Has incident been reported to Police: YES / NO

If yes please give date & crime reference number.

If a student is the alleged perpetrator has the incident been reported to the appropriate Dean of Studies:
YES / NO

DETAILS OF ACTION TAKEN OR PROPOSED TO PREVENT A REOCCURENCE

HAS VICTIM BEING OFFERED COUNSELLING OR OTHER SUPPORT? YES /NO

Give details

DETAILS OR PERSON COMPLETING THIS FORM:

Name:

Post:

Department:

Ext.

email:

Date form completed: