THE LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE

Violence at Work incident reporting Form

This form is to be used to record incidents where an LSE employee is subject to verbal abuse and or physical assault. Send completed forms to: Health & Safety Team, ALD 3.01

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 (or LSE job title):……

Age:…… Gender:

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 ALLEGED PERPETRATOR

Status: Student/contractor/member of public/other member of staff.

Name/ID number (if known)

Dept & Course (if known)

If above details not known, please give a full description of the perpetrator:

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 the incident been reported to Police: YES / NO
If yes please give date & crime reference number.

If the alleged perpetrator is a student, has the incident been reported to the School Secretary: 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 OF PERSON COMPLETING THIS FORM:

Name:

Post:

Department:

Ext. email:

Date form completed: