Incident Recording Form

Please complete this form and save in the Incident Recording Folder using the date of the incident as the file name.

1. Please indicate the type of incident being reported (tick as many as apply):

☐ Mental Ill Health

☐ Physical Aggression

☐ Verbal Aggression

☐ Drugs/Alcohol

2. Individuals Involved

Staff Member Name:
Staff Member Position:
Staff Member Gender:

Volunteer/Other Names:
Contact Address/Number:
Volunteer/Other Position:
Volunteer/Other Gender:

3. Details of the Incident

Date of Incident:
Time:
Exact Location (ie Pod 1):
Overview of the incident (Please complete in detail):

4. Detains of any physical injury sustained

Was the individual affected by physical injury as a result of the incident?

☐ Yes ☐ No

If yes please provide details including what treatment route was taken.

5. Action(s) taken

Detail any action taken as a result of the incident.

6. Witnesses

Witness Names: Click here to enter text.

Contact Address/Number: Click here to enter text.

Position: Click here to enter text.