

Full Name of Victim:			
Home Address:			
Postcode:	Tel No:	DoB:	
Status (employee/contractor/visitor/other [describe])*:			
Employee No:	Department:		
When did the incident occur?	Date:	Time:	
Where did the incident occur?	Location:		
What activity was being undertaken at the time of the incident?			
Give a brief description of the incident, including any relevant events leading to the incident:			
(If necessary, continue on a separate sheet)			
Assailant/s Details (eg name, address, relationship [if any], age, male/female):			
Details of any Witnesses (eg name, address, relationship [if any], age, male/female):			
What was the outcome of the incident (eg first aid treatment given, injury and part of body affected, admitted to hospital):			
Excl. day of incident will victim be off more than 7 days?		Yes/No/Not Known*	
Name of Person Completing Report:			
Position:	Signature:	Date:	
Reported to Enforcement Authority?	YES/NO/n/a*	Date:	Report Number:
Method or reporting: online/telephone ( <i>telephone only for major injury/fatality</i> )			
Does the victim wish further action to be taken?		Yes/No/Not Known*	
I declare the information given on this form is true to my recollection			
Signature of injured person:			Date:

\* Delete as applicable

**If applicable, a sketch of the location of the incident may be drawn on the reverse of this sheet, together with additional statements.**