|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***INCIDENT REPORT FORM*** | | | | | |
|  | | ***INCIDENT NUMBER (Issued by SFP)*** | | |  |
| ***INCIDENT CATEGORY*** | | | | | |
| *Critical  Serious  Moderately serious  Minor  Near miss* | | | | | |
| ***DETAILS OF THE PERSON REPORTING THE INCIDENT (if other than the affected staff)*** | | | | | |
| *Full name: Date: / /* | | | | | |
| *Mobile & Email:* | | | | | |
| *Relationship to the staff involved in the incident:* | | | | | |
| ***DETAILS OF PERSON (s) INVOLVED IN THE INCIDENT*** | | | | | |
| *Name: Gender/Gender Identity: Nationality:* | | | | | |
| *Role: Unit: Line manager:* | | | | | |
| *Best way to contact the affected staff (or someone on their behalf):* | | | | | |
| ***INCIDENT DETAILS*** | | | | | |
| *Date: / / Time: Location:* | | | | | |
| ***Tick the relevant box(es)***  *Travelling on duty  In the office  On personal business  Official activity/meeting  After Hours*  *Other (explain)* | | | | | |
| ***Brief description:***  *What has happened?*  *What has been done in response?*  *What else is needed?* | | | | | |
| ***INVESTIGATION FINDINGS- WHY THE INCIDENT TOOK PLACE*** *(write in bullet points)* | | | | | |
|  | | | | | |
| ***ACTIONS – WHAT SHOULD BE DONE TO MINIMISE THE RISK IN FUTURE*** *(write in bullet points)* | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Action | By whom | By when | Who will bear the cost if any | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | | | |
| ***ADDITIONAL COMMENTS*** | | | | | |
|  | | | | | |
| ***INDIVIDUAL INVOLVED*** | ***LINE MANAGER*** | | ***SECURITY FOCAL PERSON*** | | |
| *E-Signature:* | *E-Signature:* | | | *E-Signature:* | |