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| ***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)* |
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| ***ACTIONS – WHAT SHOULD BE DONE TO MINIMISE THE RISK IN FUTURE*** *(write in bullet points)* |
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| Action  | By whom | By when  | Who will bear the cost if any  |
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| ***ADDITIONAL COMMENTS***  |
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| ***INDIVIDUAL INVOLVED***  | ***LINE MANAGER*** | ***SECURITY FOCAL PERSON*** |
| *E-Signature:* | *E-Signature:*  | *E-Signature:*  |