

VIOLENT, AGGRESSIVE OR THREATENING BEHAVIOUR AGAINST STAFF

Your name: _____

Date of incident: _____

Place of incident: _____

Do you feel the behaviour was directed at you, because of, or also made reference to one or more aspects listed below? *(Tick the relevant box)*

Your race/ethnicity ☐ Your gender ☐ Your religion ☐

Your disability ☐ Your HIV/AIDS diagnosis ☐

Your age ☐ Your sexuality ☐

Type of incident *(Please Tick)*

Offensive language ☐ Verbal abuse ☐ Threatening behaviour ☐

Actual physical violence ☐ Damage to property/ personal belongings ☐

Other *(please describe)* _____

Give details of incident:

Name of perpetrator (if known): _____

Person reference: _____

Address (if known): _____

Postcode: _____

Other relevant details _____

Complete Page 1 and pass it to your Line Manager

TO BE COMPLETED BY LINE MANAGER

RECORD OF ACTION TAKEN

Name of manger: _____

Location: _____

Comments/action taken:

Index card completed on:

Sent to Health & Safety Adviser on:

Name of Health & Safety Adviser:

Comments/action taken:

Details passed to Tenancy
Enforcement Team

Yes

☐

No

☐

Complete Page 2 and pass it to the Complainant