## Annex 6.1 – Clerical Incident Report Form (for use by CDHA, ASC staff, G4S or Providers)

**Your details**

|  |  |
| --- | --- |
| Title (Miss, Mr, Mrs, Ms, Other): |   |
| First name : |   |
| Other name: |   |
| Last name: |   |
| Your Job Role: |   |
| Business: |   |
| Business area (e.g. Customer Service, Pensions Centre): |   |
| Home Office / Usual Place of Work: |   |
| Have you had the appropriate level of keeping safe training? (Yes, No, Don’t Know): |   |
| Time in Post (Years and Months): |   |
| Your Line Manager: |   |
| Incident date (DD/MM/YYYY): |   |
| Incident time (i.e. 14:00): |   |
| Claimant title (Miss, Mr, Mrs, Ms, Other): |   |
| First Name: |   |
| Other Name: |   |
| Last name: |   |
| NINO: |   |
| Who are you reporting as a result of this incident (Claimant, Other): |   |

**If not the claimant tell us the details**

|  |  |
| --- | --- |
| Title (Miss, Mr, Mrs, Ms, Other): |   |
| First name: |   |
| Other name : |   |
| Last name: |   |
| Relationship to claimant (i.e. carer): |   |

**Claimant or Assailants address**

|  |  |
| --- | --- |
| House number or name: |   |
| Street: |   |
| Town: |   |
| County: |   |
| Post code: |   |
| Were others present (Yes, No): |   |
| Events leading up to incident location (e.g. Forum Area): |   |
| Incident category: |   |
| Incident type: |   |
| Incident details: |   |
| Narrative of incident. (Brief and factual description): |   |

**Managers Section**

|  |  |  |
| --- | --- | --- |
| Is this a Fast Track Incident (Yes, No): |   |    |
| Is RIDDOR Appropriate (Yes, No): |   |    |
| Were Police called to the incident (Yes, No): |   |    |
| Please confirm that you have read this report (Yes, No): |   |    |
| Your comments and any other information for the nominated manager: |   |   |

1. Should you require an accessible version of any of the Restart Scheme forms listed in this guidance you will need to request them via email at Restart.ProviderEnquiries@dwp.gov.uk