



Tactical Security Options Ltd, Room 704 Cameron House, White Cross Industrial Estate,  
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28.5 V4 2020

## PERSONAL SECURITY INCIDENT REPORT

Ref:

This form is to be completed by the victim (or representative) in respect of any incident involving verbal or physical violence to employees which arises out of or in connection with the work of the Tactical Security Options Ltd functions.

<b>1. DEPARTMENT:</b>	<b>SECTION:</b>
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### 2. DETAILS OF VICTIM

(a) Surname Mr/Mrs/Miss	(b) Staff/Works No
(c) Forenames	(d) Age
(e) Occupation, Trade, or Job Title	

### 3. DETAILS OF ASSAILANT(S)

Either <b>(A)</b> Name(s) and Address(es) (if known)
Or <b>(B)</b> Brief Description (sex, age, clothing, height, etc)

### 4. DETAILS OF INCIDENT

(a) When did the incident happen?	(i) Date	(ii) Time am/pm
(b) Where did the incident happen? (i) Address		
(ii) Exact Location		
(c) What activity was in progress at the time?		

(d) Describe the violent incident (Make a full statement, with diagrams if necessary)

## 5. OUTCOME

(a) Physical Injury	Yes			No	
If YES, please complete a Notification of Accident Report					
(b) Emotional effects – Please describe					

## 6. Witness(s)

## **7. DEPARTMENTAL REPORT (Investigation findings and action taken or proposed)**

Signature	Date
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