

## Elected Members Incident Log Sheet

Please complete all sections of this form & return to Civic & Member Services

<b>Full Name:</b>	<b>Cllr:</b>		
<b>Date of Incident:</b>		<b>Time of Incident:</b>	hrs
<b>Type of Incident:</b>	Verbal Abuse:	<input type="checkbox"/>	Threatening Behaviour: <input type="checkbox"/>
	Emotional Abuse:	<input type="checkbox"/>	Sexual Harassment: <input type="checkbox"/>
	Physical Abuse:	<input type="checkbox"/>	Weapon Used: <input type="checkbox"/>
<b>Do you consider that the incident was racially motivated?</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Please give a brief description of the incident:</b>			
<b>Name of Aggressor:</b>			
<b>Relationship to you:</b>	Constituent: <input type="checkbox"/>	Service User: <input type="checkbox"/>	Member of the Public: <input type="checkbox"/>
<b>Did you sustain an injury?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

This section for Civic & Member Service office use only:			
<b>Date/Time form received:</b>	/ hrs		
<b>Name of Officer receiving form:</b>		<b>Ref #:</b>	
<b>Further Investigation required:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Incident transferred to FIB database:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Member offered support:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Member's RA reviewed:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**Overview of procedure following an incident to a Sandwell MBC Elected Member**

