

# Mental Health Incident Form

upon completion submit to HR and confirm GDPR compliance

Employee:

DD/MM/YYYY

Location:

Witnesses:

Nature of incident:

Trigger:

Observed behaviour:

Risk to life (Y/N):

**YES: Inform HR / Call 999 or 112 for help**

Action Steps:

Follow Ups: dates / notes

Signposting:

Your name

Signature

DD/MM/YYYY