

Incident Report Form

Incident Details

Date of Incident:

Time of Incident:

Location of Incident:

Type of Incident:

Please select v

If 'Other', please specify:

Severity Level:

Please select v

Individuals Involved

Students Directly Involved:

Student Witnesses:

Staff Members Involved or Present:

Other Individuals Involved:

Incident Description

Factual Description of What Occurred:

Events Leading Up to the Incident:

Possible Contributing Factors:

Immediate Response

Immediate Actions Taken:

First Aid or Medical Attention Provided:

Was external emergency assistance required?



Yes



No

If 'Yes', please provide details:

Notifications

Were parents/guardians notified?



Yes



No



Pending

Parent/Guardian Notification Details:

School staff notified (check all that apply):



Head Teacher/Principal



Head of Boarding



Houseparent/House Master/Mistress



Designated Safeguarding Lead



Medical Staff/School Nurse



Other (please specify below)

If 'Other', please specify:

External authorities notified (check all that apply):



Police



Social Services

☐

Local Authority

☐

Other (please specify below)

☐

None

If 'Other', please specify:

Follow-up Actions

Follow-up Actions Taken or Planned:

Staff Responsibilities for Follow-up:

Timeline for Follow-up:

Additional Information

Additional Relevant Information:

Supporting Documents:

Report Completion

Report Completed By:

Position:

Date Completed:

Signature:

Review and Verification

Report Reviewed By:

Position:

Date Reviewed:

Signature:

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For safeguarding concerns, this form must be submitted to the Designated Safeguarding Lead immediately upon completion.