

## INCIDENT REPORT FORM

*Incidents including trespass, nuisance or disturbance on school premises, verbal abuse, sexual or racial abuse, threats, aggression, physical violence and intentional damage to personal property.*

This form should be completed as fully as possible (please use a continuation sheet if necessary). For an incident involving or witnessed by a pupil, a member of staff should complete the form on their behalf. However, any discussion between one witness and another should not precede completion of the form, at this might lead to allegations of collusion.

Date of incident: .....

Day of week: .....

Time: .....

### 1. Member of staff reporting incident

Name: .....

Work address (if different from school address): .....

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Position: .....

### 2. Personal details of person assaulted/verbally abused (if appropriate)

Name: .....

Work address (if different from school address)/home address (if pupil)

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Job/Position (if member of staff): .....

Dept/Section/Class: .....

Age (approx): ..... Sex: .....

### 3. Details of trespasser/assailant(s) (if known)

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4. Witness(es) if any

Name: .....

Address: .....

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Age (approx): ..... Sex: .....

Other information

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Relationship between member of staff/pupil and trespasser/assailant, if any

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5. Details of incident

a) Type of incident (eg if trespass, was the trespasser causing a nuisance or disturbance and how, if assault, give details of any injury suffered, treatment received etc

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b) Location of incident (attach sketch if appropriate)

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c) Other details: describe incident, including, where relevant, events leading up to it; relevant details of trespasser/assailant not given above; if a weapon was involved, who else was present

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6. Outcome: (eg whether police called; whether trespasser was removed from premises under section 547; whether parents contacted; what happened after the incident; any legal action)

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7. Other information (to be completed as appropriate)

a) Possible contributory factors

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b) Is trespasser/assailant known to have been involved in any previous incidents YES/NO

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c) Give date and brief details of (b) if known

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d) Had any measures been taken to try to prevent an incident of this type occurring? If so, what? Could they be improved?

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e) If no measures had been taken beforehand, could action now be taken? If so, what?

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f) Name and contact details of police officer involved, and incident number or crime reference number, as appropriate

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g) Any other relevant information

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Signed: .....

Date: .....

Please return as soon as possible to:

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