**Incident Report Form**

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| --- | --- |
| Name of Pupil |  |
| Gender |  |
| Date of Birth |  |
| Year Group |  |
| School Name |  |
| Does the pupil have special educational needs? If yes, give details: |  |

|  |  |
| --- | --- |
| Name of professional completing this form |  |
| Job title |  |
| Details of incident |  |
| Date of incident |  |
| Time of incident |  |
| Action taken |  |
| Members of staff incident has been discussed with |  |
| Follow up/plan details |  |