### EduSafe Logo 100

### eduSafe Incident Notification Proforma

|  |  |
| --- | --- |
| SCHOOL DETAILS | |
| **School Name:** | **School Number:** |
| **Campus/Location:** | |

|  |  |  |
| --- | --- | --- |
| WHO EXPERIENCED THE INCIDENT? | | |
| **First Name:** | **Gender:** | |
| **Last Name:** | **DOB:** | |
| **Address:** | **Phone Number:** | |
| **Type:** Student  Visitor – Parent  Visitor – Other |  |

|  |  |  |
| --- | --- | --- |
| WHEN DID THE INCIDENT OCCUR? | | |
| **Time Category:**  (select one) | School Hours – Class Time  School Hours – Non-Class Time  School Day – Before or after School Hours  Weekend or Public Holiday |  |
| **Date:** | **Time:** | |

|  |
| --- |
| WHAT HAPPENED? |
| **Details of Incident:** |

|  |
| --- |
| WHERE DID THE INCIDENT OCCUR? |
| **Location:** |
| **Details:** |

|  |
| --- |
| OTHER COMMENTS: |
|  |

|  |  |
| --- | --- |
| FORM COMPLETION? (who filled in this form) | |
| **First Name:** | **Last Name:** |
| **Date:** | **Signed:** |