

Sheen Mount: Pupil Serious Incident Record Form



This form is confidential and for internal school use. It should be completed for all serious incidents and reported in line with the school policy. This includes incidents that may not have taken place at the school but have been reported by anyone to the school. This form contains summary information to be entered into the school's incidents log, and, once shared with your phase leader and SLT, should be given to the office.

Date of incident		Member of staff logging incident	
-------------------------	--	---	--

About the incident (please circle as many fields as relevant from the following from the list)

Location of incident	Time of incident	Nature, actions, behaviour related to incident	Offender's possible motivation
classroom	before school	verbal	race
corridor	class time	physical	disability
school grounds	break/play	social exclusion	gender
toilets	after school	property	religion/belief
off-site	out of school hours	IT/eSafety	sexual orientation
clubs before/after school	other	other	appearance
other			other

Action: response by school to the incident

(please emphasise most significant action circled from the following list and note any detail overleaf)

school sanctions	contact parents	fixed-term exclusion	external agency involvement	police	other	Children interviewed separately. Y / N ?
------------------	-----------------	----------------------	-----------------------------	--------	-------	--

About the victims and offenders - please complete one or more boxes as necessary and identify who you think might be either the victims or offenders with a V or O. There might be just offenders and no victims.

Name:		V or O?	Gender: m/f	Year group:	SEN: yes/no
Ethnicity:	Faith/religion:	In-care: yes/no	Young carer: yes/no	Disability: yes/no	Vuln/CP reg: yes/no

Name:		V or O?	Gender: m/f	Year group:	SEN: yes/no
Ethnicity:	Faith/religion:	In-care: yes/no	Young carer: yes/no	Disability: yes/no	Vuln/CP reg: yes/no

Name:		V or O?	Gender: m/f	Year group:	SEN: yes/no
Ethnicity:	Faith/religion:	In-care: yes/no	Young carer: yes/no	Disability: yes/no	Vuln/CP reg: yes/no

Name:		V or O?	Gender: m/f	Year group:	SEN: yes/no
Ethnicity:	Faith/religion:	In-care: yes/no	Young carer: yes/no	Disability: yes/no	Vuln/CP reg: yes/no

Number of items attached to the Incidents Record Form: statements, photos, etc					
Incident number (to be completed by colleague updating the spreadsheet)					
To be shared with phase leader and a member of SLT before sending to the office (tick when seen)				<input type="checkbox"/> Phase Leader <input type="checkbox"/> SLT Member	

Account of incident (please write an account of what happened)

Signed:.....
Date: