



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 <input type="checkbox"/>
	Visitor – Parent <input type="checkbox"/>
	Visitor - Other <input type="checkbox"/>

WHEN DID THE INCIDENT OCCUR?	
Time Category: (select one)	School Hours – Class Time <input type="checkbox"/>
	School Hours – Non-Class Time <input type="checkbox"/>
	School Day – Before or after School Hours <input type="checkbox"/>
	Weekend or Public Holiday <input type="checkbox"/>
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: