|  |  |
| --- | --- |
| Date  |  |
| Who was involved in the incident? (Please circle) | Child | Adult | Member of staff |
| Name |  |
| Date of birth  |  |
| Date of incident  |  |
| Time of incident |  |
| Place incident occurred |  |
| Explain fully the events leading up to the incident and the incident |  |
| Witnessed by |  |
| Is there anything we could do to prevent this happening again? |  |
| Staff signature |  |
| Manager’s signature |  |
| Parents comments  |  |
| Parent’s signature & print name  |  |