

THE BRITISH INTERNATIONAL SCHOOL ISTANBUL

Incident Report Form

<i>Name of person completing this form, with phone/e-mail contacts:</i>	
<i>School position held:</i>	
<i>Date and time of incident:</i>	
<i>Location of incident:</i>	
<i>Name/s of key pupil/s affected, with home/mobile telephone contacts:</i>	
<i>Names of key people concerned, or other witnesses:</i>	
<i>Class or Form Teacher name:</i>	
<i>Please explain what happened before, during and after the incident. Stick to the facts. Write on the back of this page if more space is needed.</i> <i>If describing an accident, detail exactly any injuries caused.</i>	
<i>Was a nurse or doctor required? If so, who called them and who came? What treatment was given?</i>	
<i>What other actions were taken after the event?</i>	
<i>Any other notes you wish to add</i>	
<i>Date and time this form was completed, with your signature:</i>	
<i>Received and read by SMT:</i>	