

**APPENDIX 6
INCIDENT REPORT FORM**

Date

Name of person completing this report (print).....

Position.....

Name of student concerned.....

Address of student.....

Date of Birth of student.....

Gender of student.....

Student number.....

Details of Incident: (continue on a separate sheet if necessary):
Include dates and times, locations, names, comments made, details of any injury.

Incident witnessed by:

Further action taken:

Signature.....

Please pass this form **immediately** to the Head of School or School Designated Safeguarding Person for reporting to the University DSO/USO.