

e-safety Incident Report

This Event Report Form Compiled By: Name Title Date	
Staff informed: Name & Date Headteacher e-safety co-ordinator Child protection officer Other	
Nature of Concern: Who was involved: pupil/staff/parents?	
Where did it occur: home, school?	
Time and date of Incident:	
Time and date the incident was logged:	



Action taken: (please tick) Evidence preserved Senior staff informed Other action	
Incident witnessed by: Staff Pupil Parent Other	
Other Officers Involved in Response: LA Officer LADO NCC Network Security Manager Other	
Follow up Action:	
Evidence Collected (and where retained):	
Review Date if required:	

Record of issued versions				
Author	Approved date	Committee	Version	Status
Eddie Jefferson	25/06/2014	Full Governing Body	1.0	Final
Eddie Jefferson	11/10/2017	FGP	2.0	
	Next Review 10/19			