



**INCIDENT REPORT TEMPLATE**

**INCIDENT NUMBER:** .....

**SCHOOL:** .....

**CIRCUIT:** .....

**DISTRICT:** .....

**EMIS NUMBER:** .....

**Person Reporting Incident:**

(A) Principal:  (B) Educator:  (C) Learner:  (D) Parent  (E) Other:

Date and Time of Incident?	Who was involved?	Where did it occur?		What happened?
			On way to or from school	
			Just outside school grounds	
			In classroom	
			In toilets	
			Behind toilets	
			In playgrounds	
			Between classes	
			Behind the school building	
			At the gate	
			Tuck shop	
			Office or staff room	
			Car Park	
			Other .....	

Necessary response: Who needs to do what?	
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Referred to:
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	Circuit Manager (CM)
	District School Safety Coordinator
	South African Police Service (SAPS)
	District Based Support Team (DBST)
	School Based Support Team (SBST)
	School Safety Coordinator
	Clinic or Hospital
	Social Development (DSD)
	Other: .....

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**Signature of Principal**

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**Date**