

**SAINT THOMAS MORE CATHOLIC VOLUNTARY ACADEMY**

**INCIDENT REPORT**

Name of child .....	Time .....
Date of Incident .....	Place .....
Class Teacher .....	Member of Staff on Duty .....

Brief synopsis of facts:

Signed .....  
(Continue overleaf if necessary)

Designation .....

Further action required?

Headteacher ..... Date .....

Parent/Carer ..... Date .....

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