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| **Report of E-Safety Incident or Concern Form** | |
| Date: |  |
| Date(s) of incident(s) / concern: |  |
| Parent completing form: |  |
| Name of student(s) involved: |  |
| Parents informed: |  |
| Location of incident/concern: |  |
| Please give details of the incident / concern : | |
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**For School Use Only**

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| Reported to Staff Member |  |
| Further staff members dealing with incident / concern: |  |
| Name of IT Team member informed: |  |
| Please give details of sanctions applied / action taken | |
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| Is any follow up action required (additional eSafety lessons, invited speakers, referral etc.)? | |
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| Signed: staff member |  |
| Signed ESafety lead: |  |