



CHARLBURY
Community Centre

Confidential

INCIDENT REPORT

Name:
Date:
Description of Incident: What prompted this record (please include dates, times, incidents and behaviour)
Description of Injury:
Response:
Follow Up:
 <hr/> <p>(Signature - Member of Staff or Activity Leader)</p> <hr/> <p>(Name in block capitals)</p>

After completion, a designated member of staff is to file in the Record of Concern File , in a locked cabinet.