E-incident Log Sheet

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| Member of staff identifying incident |  |
| Date of incident: | Time of incident |
| Duration of incident: | Do you know if repeat victim? | yes | no | unsure |
| **Description of the e-safety incident:** (please give as much information as you are able) |
| **Description of information recorded or secured:** |
| Have files, audio/text/images been recorded and secured?Has any computer or other technology including phones been secured? | Yes | No |
| If yes, how and where, who by and when? |
| What actions were taken, and by whom? Give details of agencies informed and contact person within those agencies. |
| Name of person completing this form: |
| Organisation: |
| Date: | Signature: |
| **For child protection issues send this form immediately to Designated Safeguarding Lead or, in their absence, to Learner services manager.** |