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.** | | | | | | |