

Incident Logging Record Form

This form has been produced in response to a request from schools for a means of logging discriminatory incidents and actions taken to deal with them.

These incidents may involve discriminatory behaviour in relation to race, gender, disability, sexual orientation, religious belief or age. The incidents may occur between pupils or adults (or a combination of both).

If the incident is investigated and found to be racist a form for Racist Incidents should be completed. This is available from the school's Named Co-ordinator. Schools have a statutory duty to report racist incidents to the Local Authority.

This form should be returned to the headteacher or a designated person who will take responsibility for advising colleagues and ensuring that all incidents are logged, investigated, recorded and actions taken.

Further copies of this form along with the Racist Incident Record Form are available from:

Equalities and Partnership
Development
Tower Hamlets Town Hall
3rd Floor Mulberry Place
5 Clove Crescent
London E14 2BG

Incident Logging Record - Sheet 1

1. Sheet 1, 2 and 3 are confidential and should be retained by the school in a secure place. These sheets do not need to be returned to the Local Authority.
2. All reported incidents should be subject to a detailed investigation and the outcome recorded on sheet 2 and 3.
3. Governing Bodies are recommended to request that a monitoring report should be submitted to the Governing Body on a termly basis. This should cover the number and types of incidents that have occurred and the actions taken by the school.

Time of incident	Please tick
Before school	<input type="checkbox"/>
AM lesson	<input type="checkbox"/>
Break/lunch time	<input type="checkbox"/>
PM lesson	<input type="checkbox"/>
After school	<input type="checkbox"/>

Place of incident	Please tick
Classroom	<input type="checkbox"/>
Corridors	<input type="checkbox"/>
Playground	<input type="checkbox"/>
School gate	<input type="checkbox"/>
On route to school	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

Type of incident	Please tick
Race*	<input type="checkbox"/>
Gender	<input type="checkbox"/>
Disability	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>
Religious belief	<input type="checkbox"/>
Age	<input type="checkbox"/>
Other	<input type="checkbox"/>

*If an incident is reported as racist, please only complete sheet 1. If, upon investigation, the incident is deemed to be racist, please proceed to complete the Racist Incident Record Form.

Member of staff/pupil/parent/carer reporting incident (please specify status):

Name/s of victim/s:

Class:

Year:

Name/s of perpetrator/s:

Class:

Year:

Incident Logging Record - Sheet 2

Details of Incident (including views of those involved and events leading up to incident):

Action Taken: Victim/s

Action Taken: Perpetrator/s

Date of incident:

Details recorded by (please print):

Position:

Name of School:

Incident Logging Record - Sheet 3

Ethnicity	Total No. Victims		Total No. Perpetrators	
	Male	Female	Male	Female
Asian - Bangladeshi				
Asian - Chinese				
Asian - Indian				
Asian - Pakistani				
Asian - Vietnamese				
Asian - Other				
Black - African				
Black - Caribbean				
Black - Somali				
Black - Other				
Mixed - White & Asian				
Mixed - White & Black African				
Mixed - White & Black Caribbean				
Mixed - Other				
White - English				
White - Irish				
White - Scottish				
White - Welsh				
White - Other				
Other (please specify)				

Information on action taken	Please tick
Parents/carers informed	<input type="checkbox"/>
Referral to the police	<input type="checkbox"/>
Local Authority notified	<input type="checkbox"/>
Warning to the perpetrators	<input type="checkbox"/>
Exclusion of the perpetrators	<input type="checkbox"/>
Removal of graffiti	<input type="checkbox"/>
Support offered to victim/s	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>