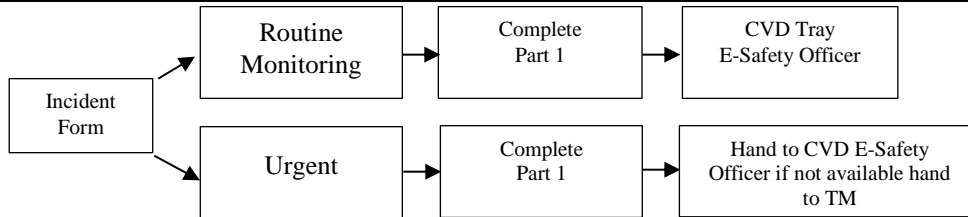


MARJORY KINNON SCHOOL

E-SAFETY INCIDENT FORM – PART 1

Routine monitoring <input type="checkbox"/>	Urgent <input type="checkbox"/>
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PART A – ABOUT THE PERSON *To be completed by the responsible member of staff*

INCIDENT COMES FROM CHILD	INCIDENT COMES FROM ADULT
Child's name: <input style="width: 90%;" type="text"/>	Adult's name: <input style="width: 90%;" type="text"/>
Class: <input style="width: 90%;" type="text"/>	Job title: <input style="width: 90%;" type="text"/>
Date of birth: <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	Date of birth: <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
If visitor, home address and telephone No: <input style="width: 98%;" type="text"/>	

PART B – ABOUT THE INCIDENT *To be completed by the responsible member of staff*

Date of incident: <input style="width: 60%;" type="text"/>	Time: <input style="width: 40%;" type="text"/>
Location of incident: <input style="width: 98%;" type="text"/>	
Person reporting incident: <input style="width: 70%;" type="text"/>	Date of reporting: <input style="width: 30%;" type="text"/> / <input style="width: 30%;" type="text"/> / <input style="width: 30%;" type="text"/>
Who was it reported to: <input style="width: 70%;" type="text"/>	Person completing the form: <input style="width: 30%;" type="text"/>
Was the incident due to accidental access?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the incident due to deliberate access?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the incident involve material being:	
created	Yes <input type="checkbox"/> No <input type="checkbox"/>
printed	Yes <input type="checkbox"/> No <input type="checkbox"/>
transmitted to others	Yes <input type="checkbox"/> No <input type="checkbox"/>
viewed	Yes <input type="checkbox"/> No <input type="checkbox"/>
shown to others	Yes <input type="checkbox"/> No <input type="checkbox"/>
distributed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nature of the incident:	
harassment	Yes <input type="checkbox"/> No <input type="checkbox"/>
grooming	Yes <input type="checkbox"/> No <input type="checkbox"/>
racist, sexist, homophobic religious hate material	Yes <input type="checkbox"/> No <input type="checkbox"/>
hacking or virus propagation	Yes <input type="checkbox"/> No <input type="checkbox"/>
drug making material	Yes <input type="checkbox"/> No <input type="checkbox"/>
Terrorist material	Yes <input type="checkbox"/> No <input type="checkbox"/>
child abuse images / soft core pornographic material / illegal hard core pornographic material	Yes <input type="checkbox"/> No <input type="checkbox"/>
cyberbullying	Yes <input type="checkbox"/> No <input type="checkbox"/>
offensive language typed	Yes <input type="checkbox"/> No <input type="checkbox"/>
deliberately bypassing security or access	Yes <input type="checkbox"/> No <input type="checkbox"/>
on-line gambling	Yes <input type="checkbox"/> No <input type="checkbox"/>
bomb making material	Yes <input type="checkbox"/> No <input type="checkbox"/>
breach of acceptable use policy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (please specify)	

Full description of the incident: *(please continue on a separate sheet if needed)*

PART C – Others involved			
Was another child/adult targeted:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please write their full name:			
Were any other children / adults involved (not targeted):	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please write their full name:			
PART D - EVIDENCE			
IS there any evidence (screen shots/video/audio):	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Description of evidence:			
PART E – SIGN-OFF PART 1 OF THE FORM			
<i>To be completed by responsible member of staff</i>			
Name (PRINT):		Signature:	
Job title:		Date & time:	

**MARJORY KINNON SCHOOL
E-SAFETY INCIDENT FORM / ACTION TAKEN- PART 2**

PART F – E-SFAETY INCIDENT FOLLOW-UP - CHILD

Incident comes from child:			
reported to head/deputy	Yes <input type="checkbox"/> No <input type="checkbox"/>	child's parents informed	Yes <input type="checkbox"/> No <input type="checkbox"/>
reported to E-Safety Officer	Yes <input type="checkbox"/> No <input type="checkbox"/>	advice from Early Help Hounslow	Yes <input type="checkbox"/> No <input type="checkbox"/>
reported to designated safe guarding lead	Yes <input type="checkbox"/> No <input type="checkbox"/>	referral to Early Help Hounslow	Yes <input type="checkbox"/> No <input type="checkbox"/>
reported to site/app if applicable	Yes <input type="checkbox"/> No <input type="checkbox"/>	e-safety policy reviewed/updated	Yes <input type="checkbox"/> No <input type="checkbox"/>
reported to IT dept. (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>	reported to community police	Yes <input type="checkbox"/> No <input type="checkbox"/>
child debriefed	Yes <input type="checkbox"/> No <input type="checkbox"/>	reported to police	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have the following staff been informed:			
Assistant head teacher	Yes <input type="checkbox"/> No <input type="checkbox"/>	Class teacher	Yes <input type="checkbox"/> No <input type="checkbox"/>
What has been put in place to support the child:			
Parents:			
Sanctions:			
E-Safety sessions:			
Monitoring of use of technology in school:			
Meetings:			
Evidence:			
screen shots/photos taken	Yes <input type="checkbox"/> No <input type="checkbox"/>	audio / video footage taken	Yes <input type="checkbox"/> No <input type="checkbox"/>
Incident Form:			
Logged on MyConcern	Yes <input type="checkbox"/> No <input type="checkbox"/>	Original placed in E-Safety File	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date logged on MyConcern	/ /		
E-Safety Officer signature:		Date:	
Headteacher signature:		Date:	

**MARJORY KINNON SCHOOL
E-SAFETY INCIDENT FORM / ACTION TAKEN- PART 2**

PART F – E-SFAETY INCIDENT FOLLOW-UP - ADULT

Incident comes from adult:			
reported to head/deputy	Yes <input type="checkbox"/> No <input type="checkbox"/>		
E-Safety Officer signature:		Date:	
Headteacher signature:		Date:	