

# Behavioural Incident Form



Child's name	Date of birth
Date of incident	Time of incident
Where did the incident take place?	Name of staff member filling out this form
Description of incident	How staff handled the situation
What was the child doing before the incident	What was the child's behaviour after the incident
Name of witness(es)	Names of adults present on the day
Parent contacted            Yes            No	Time parent contacted
Name of parent contacted	Means of contact (phone, email, in person)
Other comments	

Parent/guardian signature:

Date:

Key person signature:

Date:

Manager's signature:

Date:

Updated: 11/07/23

Reviewed: 01/09/24