

Online safety incident reporting form - Parents

Details of person reporting the incident Name: Phone number: Email address:
Date of incident:
Where did the incident take place?
Description of the incident
Name(s) of those involved in the incident:
Age(s) of child(ren) involved:
Was the incident Child on child <input type="checkbox"/> Child on adult <input type="checkbox"/> Adult on child <input type="checkbox"/> Adult on adult <input type="checkbox"/> Staff member on child <input type="checkbox"/>
Type of incident Sexual <input type="checkbox"/> Profanity <input type="checkbox"/> Violence <input type="checkbox"/> Bullying <input type="checkbox"/> Grooming <input type="checkbox"/> Other <input type="checkbox"/> Please give details
How was the content accessed? School internet via a PC/laptop <input type="checkbox"/> via a tablet <input type="checkbox"/> via a mobile phone <input type="checkbox"/> via email <input type="checkbox"/> Tablet using alternative provider <input type="checkbox"/> mobile phone using an alternative provider <input type="checkbox"/> Via an internet browser <input type="checkbox"/> via a social media website <input type="checkbox"/> via an app <input type="checkbox"/>

Please complete this and hand it over to Ms. Meyer or email at office@sunnyfields.barnetmail.net