



WALDORF KNOLL ACADEMY

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Incident/ Concern/ Complaint Report

Entry No.: Incident/Concern/Complaint reported by:

Date of Incident / Concern / Complaint received : Time of Incident / Concern / Complaint received :

Names of staff / pupils concerned: (incl. Year Grade)

Place of Incident / Concern:

Description of Incident / Concern/ Complaint: (incl. equipment, what was said & by whom)

Action taken and by whom:

Signed/Initialled by Staff Reporting:

Signed/Initialled by DHT:

MANAGEMENT RESPONSE

Type of Incident / Concern:

Damage: ☐

Child Protection Concern: ☐

Bullying : ☐

Health & Safety Concern: ☐

Formal Complaint: ☐

Attendance/Welfare: ☐

Behaviour/Discipline: ☐

Other notes:

Witness:

Yes ☐

No ☐

Names of Witness

OFFICE USE ONLY

Has the lead person for child protection Dr. (Mrs) Adebimpe Alder been contacted? Yes ☐ No ☐

Complaint received and resolved letter sent to parents: Yes ☐ No ☐