**e-mail:** [**R&E-PassengerTransport@rotherham.gov.uk**](mailto:R&E-PassengerTransport@rotherham.gov.uk)

**RMBC TRANSPORT INCIDENT REPORT SHEET**

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| **Date/ Time of Occurrence:** |  |
| **Name of Passenger:** |  |
| **Operator Name:** |  |
| **Route Name & Code:** |  |
| **Driver Name:** |  |
| **P.A Name: (where applicable)** |  |
| **Location of Occurrence:** |  |
| **Witness Details:**  **(Where Appropriate)** |  |

**PLEASE USE THIS SHEET TO REPORT ANY INCIDENT YOU HAVE WITNESSED, SUCH AS CHILD BEHAVIOUR, MEDICATION OR STAFFING ISSUES, PARENT/CHILD ABSENT, ETC.**

**IF THERE IS A CAUSE FOR CONCERN, BUT YOU HAVE NOT WITNESSED AN ISSUE, FOR EXAMPLE SAFEGUARDING, YOU MUST FILL IN A CONCERN REPORT SHEET**

**OCCURRENCE TYPE: (Please Highlight)**

**Parent Absent Child Absent Child Late Child Behaviour Medication Issue**

**Staffing Issue School Issue Vehicle Late Vehicle Failure Other Issue**

**Road Traffic Collision (with passengers) Vandalism to Vehicle Equipment Issue**

**If ‘Other Issue’ please provide a description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please use the space below to indicate immediate corrective action.**

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**Please use space below to provide a statement of facts, including all information and actions taken. Failure to provide full, clear details could result in this form being returned to you to resubmit further details.**

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**Driver/Assistant/Operator Signature:**

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**Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**