

e-mail: <u>R&E-PassengerTransport@rotherham.gov.uk</u>

RMBC TRANSPORT INCIDENT REPORT SHEET

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

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)	

OCCURRENCE TYPE: (Please Highlight)

Parent Absent Medication Issue	Child Absent	Child Late	Child Behaviour
Staffing Issue Other Issue	School Issue	Vehicle Late	Vehicle Failure
Road Traffic Collision Equipment Issue	n (with passengers)	Vanc	lalism to Vehicle

If 'Other Issue' please provide a description:

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Please use the space below to indicate immediate corrective action.

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:

Received By:	Date:

Time:_____

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