



STAFF PHYSICAL RESTRAINT INCIDENT REPORT FORM

Date of incident:		Date of report:	
Name of student:		Date of birth:	
Gender:	M F	Ethnicity:	
Time restraint started:		Time restraint ended:	
Name/s of staff member/s administering restraint:		Trained in safe physical restraint?	Yes No
Other staff /adults who witnessed:		Report completed by:	

Place where restraint occurred

Classroom	Deck	Fale	Playground	Toilets	Administration area	Other (identify)

Behaviour directed at

Staff member – name	Student – name	Self	Property (describe the serious and imminent risk to the safety of self or others.)

Reason restraint was considered necessary

- Serious and imminent risk to safety – describe

- Actual injury – describe and attach injury form

Signatures

Principal	Staff member involved	Other staff (witnesses)
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