## **RACIAL INCIDENT RECORDING SHEET**

Name of Setting	
Age of child /person (A) (if under 18) in receipt of racial incident	Ethnic origin child (A)
Age of child/person (B) (if under 18) causing the racial incident	Ethnic origin child (B)
DETAILS OF INCIDENT	
Witness Signature	Date
ACTION TAKEN	
Signature of parent if child (A) under 18	Date
Signature of parent if child (B) under 18	Date
FOLLOW UP ACTION	
Would you like further support?	Yes No No
Signature	Date
INFORMATION FORWARDED TO EARLY YEARS	Date

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Please return to: <u>JBalmford@somerset.gov.uk</u>

