Restraint Recording Form

Great Torrington School Details of student or students on whom force was used by a member of staff			
Name			
Tutor Group			
Date, time, and location of incident			
Names of staff involved (directly or as witnesses)			
Details of other students involved (directly or as witnesses), including whether any of the students involved were vulnerable for SEN, disability, medical or social reasons.			
Description of incident by the staff involved, including any attempts to deescalate and warnings given that force might be used.			
Reason for using force and description of force used			
Any injury suffered by staff or students and any first aid and/or medical attention Required.			
Follow up, including post-incident support and any disciplinary action against students.			
When and how those with parental responsibility were informed about the incident and any views they have expressed.			
Has any complaint been lodged? (details should not be recorded here)			
Report compiled by: Name and role		Signed Date	
Report countersigned by: Name and role		Signed Date	