



What I Have To Say

Name:	
Date of Birth:	
Address:	

Is this related to an Incident?	Yes <input type="radio"/>	No <input type="radio"/>
If the answer is yes, please document the form number	Form:	
Type of Form		
Or a complaint form	Yes <input type="radio"/>	No <input type="radio"/>

What is this all about?
Who was involved?
Who else was there?
How long did it last?

What I Have To Say

What was happening and how were things before the incident / complaint took place?

Please give an account of what happened

What happened after the incident / complaint?

Are there any other factors you think we should know about.

Signed (Young Person):

Date:

Signed (Senior Member of Staff):

Date:

****If the young person has no comments, please state no comments in the boxes provided****