***RAPID INCIDENT REPORT***

**Any occurrence which lead or may lead to injury or death of any learner, educator or staff member, damage to government property, or any occurrence that prevents effective teaching and learning, or any alleged commission of criminal activity by learners or officials within school hours on school premises**

**Particulars of reporting institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of school: | | | |
| Name of principal |  | Contact number of principal |  |
| District |  | Circuit |  |
| Name of Circuit manager |  | Contact number of circuit manager |  |
| Date of incident |  | Place of incident |  |

**Type of incident (indicate with “X”)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Injury to or death of learner, educator or admin staff due to:** | | | |
| Assault by other learner/s |  | Assault by educator/s (corporal punishment) |  |
| Assault by any other person/s |  | Vehicle accident |  |
| Any other occurence |  |  |  |
| **Damage to or destruction of government property (buildings, vehicles, equipment, LTSM, etc.) due to:** | | | |
| Natural / Weather phenomenon |  | Action by community |  |
| Actions of learner/s |  | Action of educator/s |  |
| **Protest action by:** | | | |
| Learner/s |  | Educator/s |  |
| Community |  |  |  |
| **Criminal activity** |  | **Other** |  |

**Short and concise description of incident (attach separate page if enough space is not provided)**

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Name of compiler of report : ………………………………………………………Contact Number……………………………………

Signature of compiler : ……………………………………………………………………………………………

Date : …………………………………………………………………………………………..

**Fax 086 661 7947 or email to rir@ecdoe.gov.za**