



Equality, Diversity and Inclusion Policy Incident Reporting Form

(For reporting discrimination, harassment, or exclusion)

Reporter Details

- Name: _____
- Role: Staff Delegate Visitor
- Contact: _____
- Date of Incident: _____

Incident Details

- Location: _____
- Protected Characteristic(s) Involved: _____
- Description:

Action Taken

- Reported to: _____ (Name/Position)
- Immediate Response: Mediation Training Disciplinary Action
- Follow-Up Required: Yes No

Sign-Off

- Investigator: _____ (Signature & Date)

- Outcome: _____

Retention: 3 years | **Confidentiality:** Securely stored