

SCHOOL BULLYING INCIDENT FORM

School

Date of Incident

Time of Incident

Nature/Type of Incident (Please Tick)

<i>Extortion</i>	<input type="checkbox"/>	<i>Personal possessions taken/damaged</i>	<input type="checkbox"/>
<i>Isolation/Being Ignored or Left Out</i>	<input type="checkbox"/>	<i>Forced into something against will</i>	<input type="checkbox"/>
<i>Physical</i>	<input type="checkbox"/>	<i>Written</i>	<input type="checkbox"/>
<i>Verbal (Name-Calling, Taunting, Mocking)</i>	<input type="checkbox"/>	<i>Spreading Rumours</i>	<input type="checkbox"/>
<i>Cyber (Email, Internet, Text)</i>	<input type="checkbox"/>	<i>Other (please specify)</i>	<input type="checkbox"/>

Details of Young People involved

	Names	Year Group	Gender	Ethnic Origin Code	Role*
1					
2					
3					
4					
5					
6					

*Role: **V** Victim **R** Ring Leader **A** Associate **B** Bystander

Location of Incident (Please Tick)

<i>Classroom</i>	<input type="checkbox"/>	<i>School Bus</i>	<input type="checkbox"/>
<i>Playground/Yard</i>	<input type="checkbox"/>	<i>Outside/Around School Gates</i>	<input type="checkbox"/>
<i>Corridor</i>	<input type="checkbox"/>	<i>To/From School</i>	<input type="checkbox"/>
<i>Toilet</i>	<input type="checkbox"/>		<input type="checkbox"/>

If you feel the incident was motivated by any of the following please tick

<i>Appearance</i>	<input type="checkbox"/>	<i>Race/Ethnic Origin *</i>	<input type="checkbox"/>
<i>Disability/SEN</i>	<input type="checkbox"/>	<i>Sexual Orientation</i>	<input type="checkbox"/>
<i>Gender/Sexism</i>	<input type="checkbox"/>	<i>Home Circumstances including Looked After Children/Young People</i>	<input type="checkbox"/>
<i>Religion</i>	<input type="checkbox"/>		<input type="checkbox"/>

* Reminder: These incidents should be recorded separately.

Brief summary of Incident

Action Taken include any exclusions, parental involvement, or involvement with external agencies.
Generally
With Individuals (as noted on page 1)
1.
2.
3.
4.
5.
6.

Form completed by:	Date:
--------------------	-------

Follow-up	Date