



BULLYING INCIDENT REPORT FORM

Reported by:

Role:

Date(s) of incident:

Time(s) of incident:

Location(s) of incident:

Details of people involved

Please include names, ages and each child's role: ringleader, outsider, reinforcer, assistant, defender, victim, etc.

Bullying incident related to: (tick all that apply)

- | | | | |
|---------------------|--------------------------|---------------------|--------------------------|
| Race | <input type="checkbox"/> | Appearance | <input type="checkbox"/> |
| SEN or disabilities | <input type="checkbox"/> | Sexual Orientation | <input type="checkbox"/> |
| Gender | <input type="checkbox"/> | Religion or culture | <input type="checkbox"/> |
| Age | <input type="checkbox"/> | Other (define) | <input type="checkbox"/> |

Forms of bullying used: (tick all that apply)

- | | | | |
|--------------------------|--------------------------|--|--------------------------|
| Physical aggression | <input type="checkbox"/> | Damaging or taking of personal possessions | <input type="checkbox"/> |
| Deliberately excluding | <input type="checkbox"/> | Verbal threats | <input type="checkbox"/> |
| Name calling and teasing | <input type="checkbox"/> | Spreading Rumours | <input type="checkbox"/> |
| Cyber-bullying | <input type="checkbox"/> | Exortion | <input type="checkbox"/> |
| Other (define) | <input type="checkbox"/> | | |

Frequency and duration of bullying behaviour:

- | | | | |
|----------------------|--------------------------|---------------------------------|--------------------------|
| Once or twice a week | <input type="checkbox"/> | Persisting over two months | <input type="checkbox"/> |
| Several times a week | <input type="checkbox"/> | Persisting for more than a year | <input type="checkbox"/> |

Chekclist: (tick where appropriate)

- | | | | |
|--|--------------------------|-------------------------------------|--------------------------|
| Have parents been notified? | <input type="checkbox"/> | Has action been agreed with victim? | <input type="checkbox"/> |
| Had individual discussions with all? | <input type="checkbox"/> | Are notes and comments attached? | <input type="checkbox"/> |
| Has action been agreed with perpetrator? | <input type="checkbox"/> | Has a follow-up date been set? | <input type="checkbox"/> |

Details of the actions agreed with everyone involved, including parents and carers where appropriate?

Follow-up review dates and interventions:

Completed by:

Role:

Date:

Checked by:

Role:

Date:

Outcome of follow-up and further actions taken:

Has the bullying stopped?

Yes

No

Describe any other outcomes: