



## 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: