

## Bullying Incident Report Form

<b>Reported by: Role:</b>		
<b>Date(s) of incident(s):</b>		
<b>Time(s) of incident(s):</b>		
<b>Locations(s) of incident(s):</b>		
<b>Details of people involved</b>  Please include names, genders, ages, ethnic origin, and children in care or children with special needs and each child's role - ringleader, outsider, reinforcer, assistant, defender, victim - and level of involvement.  1 = very involved 2 = involved 3 = slightly involved 4 = only indirectly involved ..... ..... ..... .....		
<b>Bullying incident related to: tick all that apply</b>		
Race	<input type="checkbox"/>	Appearance or health condition <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"/>
<b>Forms of bullying used: tick all that apply</b>		
Physical aggression	<input type="checkbox"/>	Damaging or taking 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"/>	Extortion <input type="checkbox"/>
Other (define)	<input type="checkbox"/>	

<b>Frequency and duration of bullying behaviour:</b>		
Once or twice	<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"/>
<b>Other notes on incident:</b> including relevant previous behaviour		
<b>Checklist:</b> Tick as appropriate		
Does incident involve same person?	<input type="checkbox"/> Has a follow up date been set?	<input type="checkbox"/>
Have parents/carers been notified?	<input type="checkbox"/> Has action been agreed with victim?	<input type="checkbox"/>
Had individual discussions with all?	<input type="checkbox"/> Has action been agreed with perpetrator?	<input type="checkbox"/>
Had group discussion with all involved?	<input type="checkbox"/> Are notes and comments attached?	<input type="checkbox"/>
<b>Other actions:</b>		
Medical treatment required?	<input type="checkbox"/> Referral to other agencies?	<input type="checkbox"/>
Police involvement?	<input type="checkbox"/> Specific report from staff attached?	<input type="checkbox"/>
Report to governors?	<input type="checkbox"/> Other?	<input type="checkbox"/>
<b>Details of actions agreed with everyone involved - including parents and carers where appropriate:</b>		

**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, who was involved and when they occurred:**

