



**BULLYING
INCIDENT REPORT
FORM**



Bullying Incident Report Form

Incident details			
Date of incident		Time of incident	
Location / event			
Where did the incident occur?	<input type="checkbox"/> Sports playing area	<input type="checkbox"/> Changing rooms	<input type="checkbox"/> Toilet
	<input type="checkbox"/> Other (specify):		
Nature / type of incident			
<input type="checkbox"/> Extortion		<input type="checkbox"/> Written	
<input type="checkbox"/> Isolation – being ignored or left out		<input type="checkbox"/> Possessions – kit taken or damaged	
<input type="checkbox"/> Physical – being hit or hurt		<input type="checkbox"/> Forced into actions against will / hazing	
<input type="checkbox"/> Verbal – name-calling, taunting, mocking, threatening		<input type="checkbox"/> Cyber – online, social media, email, text, posting photos / videos	
<input type="checkbox"/> Spreading rumours		<input type="checkbox"/> Other (specify):	
Are there indications that the incident was motivated by any of these? Tick all that apply	<input type="checkbox"/> General appearance / demeanour	<input type="checkbox"/> Race / ethnic origin	
	<input type="checkbox"/> Disability / SEN	<input type="checkbox"/> Sexual orientation	
	<input type="checkbox"/> Gender / sexism	<input type="checkbox"/> Home circumstances	
	<input type="checkbox"/> Religion	<input type="checkbox"/> Sports ability	

Individuals involved				
	Name	Gender*	Age	Role*
1				
2				
3				
4				
5				
6				

* Gender: **F** – Female / **M** – Male / **NB** – Non-binary / Another – please write in

* Role: **V** – Victim / **R** – Ringleader / **A** – Associate / **B** – Bystander

BULLYING INCIDENT REPORT FORM

Brief summary of incident(s)

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Action taken

Include any sanctions, exclusions, parental involvement, or involvement with external agencies.

Overall (include details if incident was referred on)

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With each individual involved (noted on page 1)

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Declaration

Form completed by
(print your name)

Your signature

Today's date

X