

All Together Primary School Bullying and Harassment Record

Form A – Bullying/Harassment - Request for Support

You have a right to be safe and happy at this school. If you are not, we want to hear about it. Just fill in this form and put it in your class bully box.

The teachers/support staff you have named will send you back the tear-off slip at the bottom of this form, telling you when and where you can meet them.

Name: _____

Form: _____

Have you approached a peer helper? Yes/No

Which teacher/support staff do you wish to speak with?

Form B – Bullying/Harassment - Victim Reporting Form

Name: _____

Please describe what happened, what you saw and heard and how it made you feel.

When did it happen? Time: _____ Date: _____

Where did it happen?

Who was involved?

Do you think anyone else saw or heard it?

Has anything like this happened before?

If it has, were the same people involved?

What do you want to happen now?

Is there someone in school you would feel comfortable to talk to and to be supported by?

Signed: _____ Dated: _____

Form C – Bullying/Harassment - Witness Reporting Form

Name: _____

Please describe what happened, what you saw and heard.

When did it happen? Time: _____ Date: _____

Where did it happen?

Who was involved?

Do you think anyone else saw or heard it?

Has anything like this happened before?

If it has, were the same people involved?

Signed: _____ Dated: _____

Form D – Bullying/Harassment - School Incident Recording Form

Name of School:	
School Number:	
Name of Victim(s):	
Name of Perpetrator(s):	
Date reported:	
Date of Incident:	
Reported to:	
Reported by:	

Victim Profile (tick as appropriate):			
Child in Care	<input type="checkbox"/>	Traveller child	<input type="checkbox"/>
Child Protection Register	<input type="checkbox"/>	Gifted/Talented	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>	Young Carer	<input type="checkbox"/>
English as an additional language	<input type="checkbox"/>	Involved with EWO Service	<input type="checkbox"/>
Racial Origin (tick as appropriate):			
White British	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian Pakistani	<input type="checkbox"/>
Mixed White & Caribbean	<input type="checkbox"/>	Asian Bangladeshi	<input type="checkbox"/>
Mixed White & Black	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Mixed White & Asian	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Gypsy	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Other _____	<input type="checkbox"/>
Disability: _____			
Religion: _____			
Gender: _____			

Perpetrator Profile (tick as appropriate):			
Child in Care	<input type="checkbox"/>	Traveller child	<input type="checkbox"/>
Child Protection Register	<input type="checkbox"/>	Gifted/Talented	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>	Young Carer	<input type="checkbox"/>
English as an additional language	<input type="checkbox"/>	Involved with EWO Service	<input type="checkbox"/>
Racial Origin (tick as appropriate):			
White British	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian Pakistani	<input type="checkbox"/>
Mixed White & Caribbean	<input type="checkbox"/>	Asian Bangladeshi	<input type="checkbox"/>

Mixed White & Black	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Mixed White & Asian	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Gypsy	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Other _____	
Disability: _____			
Religion: _____			
Gender: _____			

Details of incident (tick as appropriate):			
Disability incident	<input type="checkbox"/>	Homophobic incident	<input type="checkbox"/>
Racist incident	<input type="checkbox"/>	Faith incident	<input type="checkbox"/>
Sexist incident	<input type="checkbox"/>	Other _____	

Bullying behaviours involved (tick as appropriate):			
Physical behaviour	<input type="checkbox"/>	Spreading nasty rumours	<input type="checkbox"/>
Threats	<input type="checkbox"/>	Text message bullying	<input type="checkbox"/>
Taking belongings	<input type="checkbox"/>	Mobile phone calls	<input type="checkbox"/>
Extortion	<input type="checkbox"/>	Picture/video via mobiles	<input type="checkbox"/>
Causing damage to property	<input type="checkbox"/>	E-mail bullying	<input type="checkbox"/>
Name-calling	<input type="checkbox"/>	Websites/Social Networks	<input type="checkbox"/>
Taunting	<input type="checkbox"/>	Chat-rooms	<input type="checkbox"/>
Verbal abuse	<input type="checkbox"/>	Graffiti	<input type="checkbox"/>
Sending notes	<input type="checkbox"/>	Twitter	<input type="checkbox"/>

Location of incident (tick as appropriate):			
Classroom	<input type="checkbox"/>	Dining environment	<input type="checkbox"/>
On journeys to and from school	<input type="checkbox"/>	Home	<input type="checkbox"/>
Playing fields	<input type="checkbox"/>	Occurred outside school	<input type="checkbox"/>

Frequency and duration of bullying behaviour (tick as appropriate):			
Reported after the first incident	<input type="checkbox"/>	Persisting throughout the term	<input type="checkbox"/>
Two or three times	<input type="checkbox"/>	Persisting for more than one term	<input type="checkbox"/>
Several times	<input type="checkbox"/>		

Details of action taken (tick as appropriate):			
Checked for other known incidents involving the same pupils			<input type="checkbox"/>
Notified class teacher/form tutor			<input type="checkbox"/>
Individual discussion with those involved			<input type="checkbox"/>
Notified parent(s)/carer(s) or relevant contact person			<input type="checkbox"/>
Group discussion with those involved			<input type="checkbox"/>
CAF or Pre-CAF raised			<input type="checkbox"/>
If Hate Crime, have Police been informed?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Other (please provide details)			

Details of support systems/actions agreed with child/young person, parents/carers:

Details of sanctions applied in line with school's/setting's behaviours policy:

Follow-up date set:	
With whom:	
Location:	
Signed and checked by Head teacher or SMT Member	

Outcomes to follow-up:

Has the bullying stopped? Yes No

Details of further action to be taken if required:

Action:

By whom:

By when:

Further date to follow-up:

Was the targeted child/young person and his/her parents/carers satisfied with the outcome?

Yes No

Further Comments:

Signed (member of staff dealing with issue)	
Checked and signed by Head teacher or SMT Member	

PLEASE NOTE

This form is to record and retain both statutory and non-statutory information as part of the management of Bullying, Hate Crime and Harassment incidents

Form E – Bullying/Harassment - LA Incident Recording Form

Name of School:	
Date reported:	
Date of Incident:	
Gender of victim: Male/Female (please circle)	Gender of perpetrator: Male/Female (please circle)

Details of incident (tick as appropriate):

Disability incident	<input type="checkbox"/>	Homophobic incident	<input type="checkbox"/>
Racist incident	<input type="checkbox"/>	Faith incident	<input type="checkbox"/>
Sexist incident	<input type="checkbox"/>	Other _____	

(Bold – denotes a duty placed on education providers as set in the Equality Act 2010)

Bullying behaviours involved (tick as appropriate):

Physical behaviour	<input type="checkbox"/>	Spreading nasty rumours	<input type="checkbox"/>
Threats	<input type="checkbox"/>	Text message bullying	<input type="checkbox"/>
Taking belongings	<input type="checkbox"/>	Mobile phone calls	<input type="checkbox"/>
Extortion	<input type="checkbox"/>	Picture/video via mobiles	<input type="checkbox"/>
Causing damage to property	<input type="checkbox"/>	E-mail bullying	<input type="checkbox"/>
Name-calling	<input type="checkbox"/>	Websites/Social Networks	<input type="checkbox"/>
Taunting	<input type="checkbox"/>	Chat-rooms	<input type="checkbox"/>
Verbal abuse	<input type="checkbox"/>	Graffiti	<input type="checkbox"/>
Sending notes	<input type="checkbox"/>	Twitter	<input type="checkbox"/>

Location of Incident (tick as appropriate):

Classroom	<input type="checkbox"/>	Dining environment	<input type="checkbox"/>
On journeys to and from school	<input type="checkbox"/>	Home	<input type="checkbox"/>
Playing fields	<input type="checkbox"/>	Occurred outside school	<input type="checkbox"/>

Frequency and duration of bullying behaviour (tick as appropriate):

Reported after the first incident	<input type="checkbox"/>	Persisting throughout the term	<input type="checkbox"/>
Two or three times	<input type="checkbox"/>	Persisting for more than one term	<input type="checkbox"/>
Several times	<input type="checkbox"/>		

Details of action taken (tick as appropriate):

Checked for other known incidents involving the same pupils	<input type="checkbox"/>
Notified class teacher/form tutor	<input type="checkbox"/>
Individual discussion with those involved	<input type="checkbox"/>
Notified parent(s)/carer(s) or relevant contact person	<input type="checkbox"/>

Group discussion with those involved			<input type="checkbox"/>
CAF or Pre-CAF raised			<input type="checkbox"/>
If Hate Crime, have Police been informed?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Other (please provide details)			

The information supplied on this form will be processed in accordance with the requirements of the Data Protection Act 1998. At all times, it will be treated as confidential and used only for the purpose of assessing, managing and monitoring bullying-related incidents.

Form F – Bullying/Harassment - Review Sheet

Date:	
Name of Reporter:	
Name of Child/Young Person involved:	
People present:	

How has the situation developed:

**What does the person who was targeted say they are feeling now?
Are they feeling safe and satisfied with the action taken?
If so, how has it helped?**

What is the attitude/view of the person(s) involved in the bullying behaviour?

Form H – Bullying/Harassment Feedback - Tell us what you think – Parent/Carer Form

Name: _____

We want to make sure our anti-bullying policy is working properly. It would help us if you let us know your views by answering the following questions. This will enable us to improve support to everyone in school.

1. Were you happy with the support provided?

Yes No

2. What did you find most helpful?

3. Was there anything you found unhelpful which we could improve?

4. Did you feel you were fairly treated?

Yes No

Thank you for your time

Signed (optional)

The following flow chart can be used alongside the forms contained in this section to ensure that all relevant details related to bullying incidents are adequately recorded and monitored. Schools should consider these forms and the flow chart below and integrate them into their existing practice.

