

# BULLYING INCIDENT REPORT FORM

## LOGGING INFORMATION

<b>SECTION A: ALLEGED BULLYING INCIDENT</b>			
Target Name(s)	Age	Year Group	Class
Ethnicity	Gender M/F	SEN Stage	
Home Language	Looked-after child Y/N	Young carer Y/N	
Member of staff to whom the incident was reported			
Date of incident			
Time of incident			
Location of incident			
Target's Account/Concern of parents/carers			
Alleged perpetrator(s):			
Name:	Age:	Form:	Class
Nature of Incident including details of any injury or damage to property, etc			
Circle any incidents that apply:			
Form: Physical	Verbal	Indirect	Cyberbullying
Type: Race/Religion/culture SEN/Disability	Sexual/sexist/transphobic	Homophobic	
Home circumstances	Gifted/Talented	Health Concerns	Other
Parents/carers of alleged target(s) informed:			
Date		Time	

**SECTION B: ACCOUNTS OF THOSE INVOLVED**

Alleged perpetrator(s) account of the incident  
Name(s)

Age:

Year Group:

Class:

Bystanders'/Witnesses' accounts of the incident

Name(s)

Age:

Year Group:

Class:

Parents/carers of alleged perpetrators informed:

Date

Time

**SECTION C: ACTION TAKEN**

Details of immediate action taken

Monitoring of action taken and details of follow up and longer term action taken