**Bullying Incident Report Form**

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| --- | --- |
| ***By******(the person responsible for)*** | *Name:* |
| *Ethnicity* | *Gender* | *Year Group* |
| ***Against******(the victim)*** | *Name:* |
| *Ethnicity* | *Gender* | *Year Group* |

***Nature of the Incident (Please tick and/or add details)***

|  |  |  |  |
| --- | --- | --- | --- |
| *Physical assault* | *Name calling* | *Graffiti/defacing property* | *Offensive writing* |
| *Incitement of others* | *Cyber bullying* | *Other* |

|  |
| --- |
| ***Brief description of the incident*** |

|  |
| --- |
| ***Action taken/ to be taken (by whom)*** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent of Victim contacted?** |  | **Parent of Perpetrator contacted?** |  |
| **Name of Staff Member Investigating:**  |
| **Date:**  |
| **Date of Review/Follow-Up:** |

 **Follow Up Record**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Action Taken By** | **Brief Description of Action** | **Outcome** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Has the bullying stopped?**

**Further action to be taken:**

**Any further comments:**

|  |  |
| --- | --- |
| **Name:****Position:** | **Date:** |