



Bullying incident report form

Incident details			
Date of incident		Time of incident	
Location / event			
Where did the incident occur?	<input type="checkbox"/> Synagogue	<input type="checkbox"/> Classroom	<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 – 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

Brief summary of incident(s)

Action taken

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

Overall (include details if incident was referred on)

With each individual involved (noted on page 1)

Declaration

Form completed by
(print your name)

Your signature

Today's date

X