 **Bullying and prejudice related incidents report form**

**Section 1: Staff details**

Date:

Name of staff:

Email address of staff:

After completion this form needs to be handed to: Mr Stephen Tapley (Head Teacher).

**Section 2: Details of incident**

If you are unsure of the category (for example whether it is homophobic or biphobic bullying) then you can tick all that you think may apply and simply explain the details.

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Bullying** | |  |  | **Prejudice related incident** | |
| **Nature of incident**: Tick all that apply | | |  | **Form of bullying or incident**: Tick all that apply | | |
|  | | Physical (e.g. hitting, kicking, pushing or inappropriate/unwanted physical contact |  |  | | Race-racist bullying |
|  | | Verbal (e.g. name calling, ridicule, comments) |  |  | | Sexual orientation-homophobic |
|  | | Cyber (e.g. messaging, social media, email) |  |  | | Sexual orientation-biphobic |
|  | | Emotional/indirect/segregation (e.g. excluding someone, spreading rumours) |  |  | | Special educational needs (SEND) or disability |
|  | | Visual/written (e.g. graffiti, gestures, wearing racist insignia) |  |  | | Culture or class |
|  | | Damage to personal property |  |  | | Gender identity-transphobic |
|  | | Threat with a weapon |  |  | | Gender-sexist bullying |
|  | | Theft or extortion |  |  | | Appearance or health condition |
|  | | Persistent bullying |  |  | | Religion or belief related |
|  | | Other |  |  | | Related to home or other personal circumstances |
|  | | Other or non-specific |

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| --- | --- | --- | --- | --- |
| Details of those involved, whether adults, pupils, visitors from the school community and from external organisations. | | | | |
|  | Names: | Age/year group | Form/tutor group | Other relevant information (e.g. gender, SEND, disability, religion) |
| Target of bullying/incident |  |  |  |  |
| Person responsible for bullying/incident |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Details of incident | | | | | |
| Date |  | Place |  | Time |  |
| Witnesses |  | | | | |
| Repeat incident or serious incident |  | | | | |
| Any relevant supporting information e.g. witness accounts/screen grabs |  | | | | |
| Action taken |  | | | | |
| Details of others involved or notified |  | | | | |
| Actions for follow-up |  | | | | |
| Date for reviewing |  | | | | |