# Appendix F: Bullying and prejudice related incidents report form template

Every bullying or prejudice related incident should be recorded on a form such as this or directly on the school database. The categories on the form should match the categories for selection on the central log/database.

This form is for staff to complete but schools can also provide report forms for pupils to complete and hand to staff or put in a problem or bullying box.

**Section 1: Staff details**

Date completing form:

Name of staff:

Email address of staff:

After completion this form needs to be handed to: [Insert staff responsible for anti-bullying.]

**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.

 **Bullying**

 **Prejudice related incident**

 **Nature of incident:** Tick all that apply

 **Physical** (e.g. hitting, kicking, pushing or inappropriate/unwanted physical contact)

 **Verbal** (e.g. name calling, ridicule, comments)

 **Cyber** (e.g. messaging, social media, email)

 **Emotional/indirect/segregation** (e.g. excluding someone, spreading rumours)

 **Visual/written** (e.g. graffiti, gestures, wearing racist insignia)

 **Damage to personal property**

 **Threat** with a weapon

 **Theft or extortion**

 **Persistent Bullying**

**Form of bullying or incident:** Tick all that apply

 **Race** – racist bullying

Sexual orientation – **homophobic**

Sexual orientation – **biphobic**

Special educational needs (**SEN**) or **Disability**

 **Culture** or **class**

 **Gender identity** – transphobic

 **Gender** – sexist bullying

 **Appearance or health conditions**

 **Religion or Belief** related

Related to home or other personal circumstances

 **Other** or non-specific

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

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| --- |
| 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:** |  |