

Bullying Incident Report Form

Location/event:	
Date of incident:	
Time of incident:	

Nature/Type of Incident: (Please Tick)			
Extortion		Possessions - kit taken or damaged	
Isolation - being ignored or left out		Forced into actions against will/hazing	
Physical - being hit or hurt		Written	
Verbal (name-calling, taunting, mocking, threatening)		Spreading rumours	
Cyber (On-line, social media, email, text, posting photos/videos)		Other (please specify)	

Names of individuals involved:

		Gender	Age	Role*
1				
2				
3				
4				
5				

*Role: **V** Victim **R** Ring Leader **A** Associate **B** Bystander

Where did the incident occur?

Sports playing area	
Changing rooms	
Toilet	
Other (specify)	

Are there indications that the incident was motivated by any of the following:

General appearance/demeanour		Race/ethnic origin	
Disability/SEN		Sexual orientation	
Gender/sexism		Home circumstances	
Religion		Sports ability	

Brief summary of Incident/s:

Action taken

Overall (include details if incident was referred on):

With each individual involved (noted on page 1):

In "Action Taken", include any sanctions, exclusions, parental involvement, or involvement with external agencies.

Form completed by:	Date:
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