

# Bullying Incident Report Form

<b>Location/event:</b>	
<b>Date of incident:</b>	
<b>Time of incident:</b>	

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

## Names of individuals involved:

		<b>Gender</b>	<b>Age</b>	<b>Role*</b>
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:**

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### Action taken

Overall (include details if incident was referred on):

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With each individual involved (noted on page 1):

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

Form completed by:	Date:
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