

Pupil Bullying Incident Report Form

Copies to: Form Tutor Pupil File Head of Year Head of Dept

Name.....

Tutor

Group.....

Describe the incident – What happened to you? Give details including any injuries or loss or damage to property. If possible give names of people involved

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Did anyone else see or hear the incident? Yes No

If possible give names

Have you told anyone else? Yes No

If possible give names

Has anything like this happened before? Yes No

If possible give details, including times and dates.....

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How would you describe the bullying? You might need to tick more than one box

- | | | | |
|-----------------------------------|--|--|---------------------------------|
| <input type="checkbox"/> Classist | <input type="checkbox"/> Disabilist | <input type="checkbox"/> Homophobic | <input type="checkbox"/> Racist |
| <input type="checkbox"/> Sexist | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Individualistic | |

Signed..... Date.....