

## Incident Report Form for Reporting Bullying

(Any person can report alleged bullying using this form)

Date        /        / (dd/mm/yyyy)			
Name of the person reporting the incident			
Position/ Relationship			
Name of victim/target			
Names (s) of alleged offender (s) if known	Age	Is he/she a student	Form/Class
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
On what date (s) did the incident happen?	/        / (dd/mm/yyyy)	/        / (dd/mm/yyyy)	/        / (dd/mm/yyyy)
Where did the incident happen?			
<b>Place a tick (✓) next to the statement(s) that best describes what happened (choose all that apply):</b>			
	<input type="checkbox"/> Hitting, kicking, shoving, spitting, hair pulling, or throwing something		
	<input type="checkbox"/> Ridiculing another pupil's appearance, way of speaking or personal mannerisms		
	<input type="checkbox"/> Taunting, name-calling, threatening, or making critical / offensive remarks.		
	<input type="checkbox"/> Belittling another pupil's abilities and achievements or making him/her the victim of jokes		
	<input type="checkbox"/> Making rude and/or threatening gestures		
	<input type="checkbox"/> Deliberately excluding or isolating a student		
	<input type="checkbox"/> Interfering with another pupil's property, by stealing, hiding or damaging it		
	<input type="checkbox"/> Spreading hurtful or untruthful rumours or gossip about another pupil or his/her family		
	<input type="checkbox"/> Cyber bullying- intimidation or harassment via mobile phones or the internet		
	<input type="checkbox"/> Other (specify):		
Was the target of bullying/ harassment absent from school as a result of the incident?			



If Yes, how many days was the target of bullying/harassment absent from schools	(days)
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In your view, did this incident cause emotional or psychological harm/distress?

<input type="checkbox"/> 1 (none)	<input type="checkbox"/> 2	<input type="checkbox"/> 3 (some)	<input type="checkbox"/> 4	<input type="checkbox"/> 5 (Very serious)
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What did the alleged offender(s) say or do?

(Please give details of what happened, where, who was involved and if it has happened before.)


Can you offer an opinion regarding why this incident might have happened?

(Attach a separate sheet if necessary)


Is there any additional information you would like to provide?

(Attach a separate sheet if necessary)


Signature of the person reporting:  
(or staff member)

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