

## 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)
In your view, did this incident cause emotional or psychological harm/distress?	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <small>(none)                      (some)                      (Very serious)</small>	
What did the alleged offender(s) say or do? <small>(Please give details of what happened, where, who was involved and if it has happened before.)</small>	
Can you offer an opinion regarding why this incident might have happened? <small>(Attach a separate sheet if necessary)</small>	
Is there any additional information you would like to provide? <small>(Attach a separate sheet if necessary)</small>	
Signature of the person reporting: <small>(or staff member)</small>	