**Incident Report Form for Reporting Bullying**

(Any person can report alleged bullying using this form)

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| --- | --- | --- |
| Date |  / / (dd/mm/yyyy)  |  |
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| 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 |
|  |  | Yes |  | No |  |
|  |  | Yes | No |  |
|  |  | Yes | No |  |
|  |  | Yes | No |  |
|  |  | Yes | No |  |
|  |
| On what date (s) did the incident happen? |  / / (dd/mm/yyyy |  / / (dd/mm/yyyy |  / / (dd/mm/yyyy |
| Where did the incident happen? |
|  |
| **Place a tick (√) next to the statement(s) that best describes what happened (choose all that apply):** |
|  | Hitting, kicking, shoving, spitting, hair pulling, or throwing something |
|  | Ridiculing another pupil’s appearance, way of speaking or personal mannerisms |
|  | Taunting, name-calling, threatening, or making critical / offensive remarks. |
|  | Belittling another pupil’s abilities and achievements or making him/her the victim of jokes |
|  | Making rude and/or threatening gestures |
|  | Deliberately excluding or isolating a student |
|  | Interfering with another pupil’s property, by stealing, hiding or damaging it |
|  | Spreading hurtful or untruthful rumours or gossip about another pupil or his/her family |
|  | Cyber bullying- intimidation or harassment via mobile phones or the internet |
|  | 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?5(Very serious) |
| 43(some)1 (none)2 |
|  |
| 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.) |
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| Can you offer an opinion regarding why this incident might have happened? (Attach a separate sheet if necessary) |
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| Is there any additional information you would like to provide? (Attach a separate sheet if necessary) |
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| Signature of the person reporting:(or staff member) |  |
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