

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 target		
Names (s) of alleged perpetrators (s) if known	Age	Form/Class
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 (v) next to the statement(s) that best describes what happened (choose all that apply):		
	<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 social media/ internet	
	<input type="checkbox"/> Racist bullying	
	<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 (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 perpetrator(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)