

# Bullying Reporting Form

Incident details	
Date of incident	Time of incident
Location / event	
Where did the incident occur?	<input type="checkbox"/> Sports playing area <input type="checkbox"/> Changing rooms <input type="checkbox"/> Toilet <input type="checkbox"/> Other (specify):
Nature / type of incident <input type="checkbox"/> Extortion <input type="checkbox"/> Written <input type="checkbox"/> Isolation – being ignored or left out <input type="checkbox"/> Possessions – kit taken or damaged <input type="checkbox"/> Physical – being hit or hurt <input type="checkbox"/> Forced into actions against will / hazing <input type="checkbox"/> Verbal – name-calling, taunting, mocking, threatening <input type="checkbox"/> Cyber – online, social media, email, text, posting photos / videos <input type="checkbox"/> Spreading rumours <input type="checkbox"/> Other (specify):	
Are there indications that the incident was motivated by any of these? Tick all that apply	<input type="checkbox"/> General appearance / demeanour <input type="checkbox"/> Race / ethnic origin <input type="checkbox"/> Disability / SEN <input type="checkbox"/> Sexual orientation <input type="checkbox"/> Gender / sexism <input type="checkbox"/> Home circumstances <input type="checkbox"/> Religion <input type="checkbox"/> Sports ability

Individuals involved				
	Name	Gender*	Age	Role*
1				
2				
3				
4				
5				
6				

\* Gender: **F** – Female / **M** – Male / **NB** – Non-binary / Another – please write in

\* Role: **V** – Victim / **R** – Ringleader / **A** – Associate / **B** – Bystander

**Brief summary of incident(s)**

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**Action taken**

Include any sanctions, exclusions, parental involvement, or involvement with external agencies.

Overall (include details if incident was referred on)

With each individual involved (noted on page 1)

**Declaration**

Form completed by (print your name)	
Your signature	X
Today's date	