

Bullying and prejudice-based incident reporting form *To be returned to a member of SLT*

Date of completing form _____ Completed by _____

Details of incident:

Bullying Prejudice-based incident

Nature of incident: *Tick all that apply*

Physical Property Verbal Psychological Cyber

Form of bullying or incident: *Tick all that apply*

Race Culture Religion or belief Sexual orientation –homophobic or biphobic
 Gender identity – transphobic Gender – sexism SEN or disability
 Appearance or health conditions Related to home Other *please specify* _____

Details of those involved: Record all those involved

	Name	Class	Any other relevant information
Target of bullying/incident			
Person/people responsible for bullying/incident			

Details of incident: Date _____ Place _____ Time _____

Witnesses _____

Explain what happened?

Continue overleaf if necessary

Action taken	
Actions for follow up	

Date to be reviewed _____ by _____