

**HOLY CROSS CATHOLIC PRIMARY SCHOOL**

**BULLYING INCIDENT FORM**

*In the first instance, please refer to previously logged ‘Alleged Bullying Incident Form’.*

**Date of incident** **Time**

**Name of person completing this report:**

PRINT NAME AND PRIMARY ROLE HERE: *SLT/TEACHER/TA/MTA/OTHER*

**Type of bullying behaviour:**

*Tick as appropriate (may fit more than one descriptor)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Physical | Verbal | Emotional | Cyber | Racial |
|  |  |  |  |  |

**Those involved:**

|  |  |  |  |
| --- | --- | --- | --- |
| Victim’s Name(s) | Class | Gender | Additional info (SEN/Ethnicity) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Perpetrator’s Name(s) | Class | Gender | Additional info (SEN/Ethnicity) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Witness’ Names | Class | Gender | Additional info (SEN/Ethnicity) |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Description of incident [in addition to previously logged incident(s)]**

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**Action Taken:**

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| **Victim(s):**  **Perpetrator(s):**  **Parents/Carers:**  ***Parent to sign when outcomes are shared and discussed.*** |

**Action involving outside agencies (Police/Social Care):**

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|  |

**Signed (person reporting the incident) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed (Headteacher) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**