

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**