

BULLYING INCIDENT FORM

Location

Date of Incident

Time of Incident

Nature/Type of Incident (Please Tick)

<i>Extortion</i>	<input type="checkbox"/>	<i>Personal possessions taken/damaged</i>	<input type="checkbox"/>
<i>Isolation/Being Ignored or Left Out</i>	<input type="checkbox"/>	<i>Forced into something against will</i>	<input type="checkbox"/>
<i>Physical</i>	<input type="checkbox"/>	<i>Written</i>	<input type="checkbox"/>
<i>Verbal (Name-Calling, Taunting, Mocking)</i>	<input type="checkbox"/>	<i>Spreading Rumours</i>	<input type="checkbox"/>
<i>Cyber (Email, Internet, Text)</i>	<input type="checkbox"/>	<i>Other (please specify)</i>	<input type="checkbox"/>
	<input type="checkbox"/>	<i>Prejudice-based incident*</i>	<input type="checkbox"/>

Details of Young People/adults involved

	Names		Gender	Ethnic Origin Code	Role*
1					
2					
3					
4					
5					



Action Taken
Generally
With Individuals (as noted on page 1)
1.
2.
3.

In "Action Taken", please include any sanctions or involvement with external agencies.

Form completed by:	Date:
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***Prejudice based incident includes. These must be reported externally to Nottinghamshire County Council or if serious to the police.**

Race Ethnicity

Religion/Belief

Disability/SEND

Gender

Gender Reassignment

Sexual Orientation