



Bullying Incident Report Form

Name	
Tutor Group	
Date	

How would you describe the bullying? Please tick all boxes that apply.

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Verbal | <input type="checkbox"/> Racist |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Homophobic |
| <input type="checkbox"/> Relational | <input type="checkbox"/> Gender based |
| <input type="checkbox"/> Indirect | <input type="checkbox"/> Disablist |
| <input type="checkbox"/> Cyberbullying | <input type="checkbox"/> Other |

1. Verbal, such as name-calling, teasing, threatening.
2. Physical, such as hitting, punching, kicking, inappropriate touching.
3. Relational, such as ignoring, leaving out, spreading rumours.
4. Indirect, such as stealing, damaging belongings, targeted graffiti.
5. Cyberbullying, that is victimisation or harassment carried out through electronic forms of communication e.g. social networking sites, email, text messages etc.

Describe the incident – What happened to you? Give details including any injuries or loss or damage to property. If possible give the names of those involved.

Has anything like this ever happened before? Please provide as much as possible including dates and names of other students.

Signed: _____

Date: _____

For Staff use only

Details of actions agreed with everyone involved – including parents and carers where appropriate.