

Bullying Report and Monitoring Form

Form 2

For each incident please complete one form and return to the designated teacher for collation and monitoring.

1. Focus of Bullying
Please tick all elements which apply in your understanding of the incident(s):

	Definitely applies	Possibly applies
Age/ Maturity		
Appearance		
Size/weight		
Class/Socio-economic		
Family circumstance (e.g. caring role)		
Ethnicity/Race		
Religion/Belief		
Gender		
Transphobia/Gender identity		
Homophobia/sexuality		
Sexualised		
SEN and Disability		
Ability/application		

2. Manifestations of Bullying (indicate those that apply)

Perception of individual: feelings of being bullied/harassed	
Isolation/ignoring	
Teasing	
General expressions of prejudice/stereotype	
Racist literature, graffiti or insignia	
Verbal abuse or name calling (specify below)	
Targeted graffiti or hurtful note writing	
Threats including threatened physical assault	
Mobile phone/text message bullying/harassment	
Internet related bullying/harassment	
Camera phone bullying/harassment	
Actual physical assault	
Other:	

3. Those involved – please also record where appropriate:

- adults as targets or perpetrators (A)
- perpetrators from outside the school community (O)
- children/young people who are Children Looked After (CLA) or who have Learning Difficulties or Disabilities (LDD)

Targeted/wronged/distressed person/s (including ethnicity and other relevant diversity issues)	Person/s giving offence (including ethnicity and other relevant diversity issues)
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4. Description of incident(s)
 Please give a precise account including places, date, times and any witnesses.
 Attach any further information (e.g. pupils' accounts, witness accounts, notes of meetings)
 N.B. Indicate if it is a repeat incident.
 N.B. indicate if a serious incident referral should be made to the LA.

5. Action taken:
 Please record all steps (including meetings, letters, investigations, sanctions)

6. Summary of those notified and/or involved

(Delete italic options where applicable)	✓	Any details (e.g. dates)
Head Teacher		
Chair of Governors		
<i>Form tutor/class teacher</i>		
Head of Year		
'Target' parents/carers notified by <i>letter/telephone/in person</i>		
'Target' parents/carers invited to the school		
'Offending person/s' parents/carers notified by <i>letter/telephone/in person</i>		
'Offending person/s' parents/carers invited to the school		
CAF initiated for <i>target/offending person</i>		
Local Authority: SEA/SIP, Anti-Bullying adviser or MECS		
Police		
Others (specify):		

7. Date for monitoring progress of those involved. Follow up on the incident and check that all parties are progressing well academically and socially

Date.....

8. Member of staff:

Name Date

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9. Outcomes/actions from follow up.