



St Mary's C of E Primary School

Bullying Incident Report Form (Victim)

Bullying confirmed: Yes No

Stage 2

Name of pupil:
Class:
Perpetrator(s):
Victim:
Witnesses:

Date of Stage 1 meeting with CT:
Date of letter from parent:
(concerns must be communicated in writing by the parent to trigger Stage 2 unless reported by a pupil or member of staff)
Date of report:
Place where incident occurred:

Report by:

Role:

Type of bullying

- | | | | |
|--|--------------------------|--|--------------------------|
| Physical (hitting, pushing, kicking, pinching etc) | <input type="checkbox"/> | Forced into something against their will | <input type="checkbox"/> |
| Verbal (name calling, taunting, threats etc) | <input type="checkbox"/> | Written | <input type="checkbox"/> |
| Isolation / being ignored / left out | <input type="checkbox"/> | Spreading rumours | <input type="checkbox"/> |
| Cyber (text, email, social media, gaming) | <input type="checkbox"/> | Personal possessions taken / damaged | <input type="checkbox"/> |
| Other (please specify): | | | |

Summary of incident:

Action taken by reporter:

Name of member of SLT to investigate:

SLT investigator actions taken and findings:



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If no bullying is found, actions taken:

Stage 3

If bullying has been proven, actions taken by SLT:

Perpetrator / Bully:

Agreed actions and consequences:

Agreed support (eg ELSA / Counselling / Friendship Group / Playground Buddy etc):

Checklist

- Has a separate report been written for the VICTIM containing confidential information and support provided
 - Have you met with both the VICTIM and PERPETRATOR?
 - Have you talked to witnesses and taken their statements?
 - Have you spoken to relevant members of staff (Class Teacher / TA / MDS etc)?
 - Have parents of both VICTIM and PERPETRATOR been contacted?
 - Have you attached parents written concerns, witness statements and any other relevant reports?
- Any outside agency referral needed: Yes No

Name of the Class Teacher to monitor situation:

Follow up review date:

SLT member signature:

Date:

Completed Bullying Incident Report Form received:

Headteacher signature:

Date:



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Follow up Review

Date:

Outcome of follow up and further actions:

Has the bullying stopped: Yes No

If No, escalate to **Stage 4** – Deputy Headteacher

Date escalated:

SLT Name:

Signature:

Stage 4

Deputy Headteacher follow up and further actions:

Has the bullying stopped: Yes No

If No, escalate to **Stage 5** – Headteacher

Date escalated:

Deputy Headteacher Name:

Signature:

Stage 5

Headteacher follow up and further actions:

Headteacher Name:

Signature: