

FHS Bullying/Harassment/Racist Incidents Reporting Form

Type of Incident (tick as appropriate)

Racist		Homophobic	
Sexist		Faith	
Disability		Other - Please specify	

Were any adults either victims or perpetrators? **Yes/No**

Name of victim **T/G**.....

Ethnicity of Victim.....

Name of perpetrator **T/G**.....

Ethnicity of Perpetrator.....

Type of incident(tick as appropriate)

Type	Primary type	Optional 2	Optional 3
Verbal			
Social			
Non-verbal			
Physical			
Provocative			
Cyber			
Graffiti			
Other (please specify			

Location

Toilets		Office		Walking to/from school	
Corridor		Bus stop		School trip	
Playground		On bus		Dining room	
Classroom		On train			

Time

Before school - supervised		Lesson time	
Before school - unsupervised		After school - supervised	
Break		After school - unsupervised	
Lunchtime		Out of hours and off site	

Was this incident part of a series of bullying incidents? **Yes/No**

Incident Resolution

Verbal	
Referral internal (e.g. learning mentor)	
Referral external (e.g. CAMHS)	
Involving parents/carers	

Restorative intervention	
Exclusion	
Other	
Not yet resolved	

Reported by:

Name:

Signature:

.....

Date:

Additional Information may be added on a separate sheet