

# 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	Restorative intervention
Referral internal (e.g. learning mentor)	Exclusion
Referral external (e.g. CAMHS)	Other
Involving parents/carers	Not yet resolved

**Reported by:**

**Name:** .....                      **Signature:** .....

**Date:** .....

Additional Information may be added on a separate sheet