

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