

Parent Bullying Report Form



Location/event:

Date of incident:

Time of incident:

Type of behaviour displayed/experienced: (Please Tick)			
Isolation/being ignored or left out		Possessions/kit taken or damaged	
Physical/being hit or hurt		Forced into actions against will/hazing	
Verbal (name-calling, taunting, mocking, threatening)		Written	
Cyber (On-line, social media, email, text, posting photos/videos)		Spreading rumours	
Other (please specify)			

Names of individuals involved:

		Gender	Age	Role*
1				
2				
3				
4				
5				
6				

*Role: **V** Victim **P** Perpetrator **A** Associate **B** Bystander

Where did bullying behaviour occur?

In classroom	
Cloakroom	
Toilet	
Playground	
Dinner Hall	
Other (please specify)	

Are there indications that the behaviour was related to any of the following:

General appearance/body image		Race/ethnic origin	
Disability/SEN		Sexual orientation	
Gender/Sexism/homophobia/transphobia		Home circumstances	
Religion		Sports ability	

Brief summary of the behaviour:

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Form completed by:	Date:
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For School use only:

Form received on (Date):	
Has investigation taken place?	Yes / No Date: Brief details:
Action taken: (Including details for each person involved in the incident).	
Feedback given to parent?	Yes / No Date: Brief details: