

Recording Bullying Behaviour

Name _____ **Class** _____

2. Name(s) and class(es) of pupil(s) engaged in bullying behaviour

NAME/S: _____

CLASS/ES: _____

DATE: _____ TIME: _____

3. Source of bullying concern/report (tick relevant box(es))*

Pupil concerned	<input type="checkbox"/>
Other Pupil	<input type="checkbox"/>
Parent	<input type="checkbox"/>
Teacher	<input type="checkbox"/>

4. Location of incidents (tick relevant box(es))*

Yard	<input type="checkbox"/>
Classroom	<input type="checkbox"/>
Corridor	<input type="checkbox"/>
Toilets	<input type="checkbox"/>
Other	<input type="checkbox"/>

5. Name of person(s) who reported the bullying concern

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6. Type of Bullying Behaviour (tick relevant box(es)) *

Physical Aggression	<input type="checkbox"/>	Cyber-bullying	<input type="checkbox"/>
Damage to Property	<input type="checkbox"/>	Intimidation	<input type="checkbox"/>
Isolation/Exclusion	<input type="checkbox"/>	Malicious Gossip	<input type="checkbox"/>
Name Calling	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>

7. Where behaviour is regarded as identity-based bullying, indicate the relevant category:

Homophobic	Disability/SEN related	Racist	Membership of Traveller community	Other (specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Brief Description of bullying behaviour and its impact

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9. Details of actions taken

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Signed: _____ (Relevant Teacher) Date: _____

Date submitted to Principal/Deputy Principal: _____

*** Note:** The categories listed in the tables 3, 4 & 6 are suggested and schools may add to or amend these to suit their own circumstances.