



Incident Report Form

Name of Student: _____ Year: _____

Teacher: _____ Date/Time of Incident: _____

Names of Alleged Bullies: _____

Where did the incident occur? Please tick:

- Classroom
- Playground
- Bus/transport
- Outside school
- Technology
- Other: _____

Who is reporting the alleged incident? Please tick:

- Victim
- Other student/s
- Parent/Carer
- Staff Member
- Community Member
- Other: _____

Identify the nature of the alleged bullying incident. Please circle/highlight all that apply:

Written	notes, letters, writing on book, graffiti, written threats, ridicule through drawings. Other: _____
Social	lying, spreading rumours, playing a nasty joke, mimicking, deliberate exclusion. Other: _____
Verbal	name calling, insults, threats, severe sarcasm, abusive comments, racist remarks. Other: _____
Physical	pushing, shoving, fighting, tripping, hitting, poking, spitting. Other: _____
Cyberbullying	email, phone call, text, chat room, social networking site. Other: _____
Psychological	intimidation, manipulation, stalking. Other: _____
Theft/Damage	to property - bag, clothes, money, property, books. Other: _____
Bystander	encouraging others to bully or witness without taking affirmative action.
Brief outline: 	

Action taken by staff member:

Signature: _____ Date: _____

Staff to enter details on Millennium for both parties. Forward this document to Deputy Principal