

Bullying Incident Report Sheet

Completed by Date.....

Incident Report No:	Date of incident:
Time:	Location:
Name of target(s) 1 2	
3 4	
Others involved A B	
C D	
Supervising Staff Present	
Supervisor's report	
Comments of target(s) (use numbers above to identify)	
Parents notified? Yes / No	
Parents' response	
Please raise:	
Pupils will be seen again on	
Comments of person(s) blamed	
Parents notified? Yes / No	
Parents' response	
Action Agreed	Filed for reference? <input type="checkbox"/>
	Sanction
	Arranged meeting? <input type="checkbox"/>
Meeting with	
Date:	Time:
Outcome	



