

Confirmed Bullying Incident Reporting Form

FORM 4

1. Focus of bullying behaviour

Please tick all elements which apply in your investigation of the incident(s)

Age/ Maturity	
Appearance	
Size/weight	
Class/Socio-economic	
Family circumstance	
Ethnicity/Race	
Religion/Belief	

Gender	
Transphobia/Gender identity	
Homophobia/sexuality	
Sexualised	
SEN and Disability	
Ability/application	
Other	

2. Manifestations of bullying

(tick all those that apply)

Perception of individual: feelings of being bullied/harassed	
Isolation/ignoring	
Teasing	
General expressions of prejudice/stereotype	
Racist literature, graffiti or insignia	
Verbal abuse or name calling (specify below)	
Targeted graffiti or hurtful note writing	
Threats including threatened physical assault	
Mobile phone/text message bullying/harassment	
Internet related bullying/harassment	
Camera phone bullying/harassment	
Actual physical assault	
Other:	

3. Those involved

(tick all those that apply)

Individual pupil against individual pupil	
Group against individuals	
Group against group	
Adult - target	
Adult - perpetrator	

Child in care - target	
Child in care - perpetrator	
SEN - target	
SEN - perpetrator	

4. Time of incident

In school time	
Out of school hours	

5. Report number

(Report number incident relates to)

Name of school

Date form submitted

Person completing form

Please email completed form to prevent&tackle@derbyshire.gov.uk

PREVENTING AND TACKLING BULLYING IN DERBYSHIRE