

**HOLY| CROSS CATHOLIC PRIMARY SCHOOL**

**ALLEGED BULLYING INCIDENT FORM**

**Date of incident** **Time**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name(s) of pupil(s) involved** | | | | **Class** | |
|  | | | |  | |
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|  | | | |  | |
| **Outline of incident (including type of bullying)** | | | | | |
|  | | | | | |
| **Is this (tick appropriate box)** | | | | | |
|  | A once-off isolated behaviour | | | | |
|  | Repeated ie bullying *(give source of evidence of this)* | | | | |
|  | Bullying behaviour related to: race religion/belief disability cyber gender  (*circle)* | | | | |
| **Action Taken** | | | | | |
|  | | | | | |
| **Parents informed:** YES NO | | | *Sign and comment* | | |
| **Complied by** PRINT NAME HERE | | | | | *Please sign here.* |
| **Form seen by** | | | | | |
| Headteacher | | Deputy Headteacher | | | SLT staff member |

*If the incident is a* ***confirmed*** *incident of bullying, complete ‘Bullying Incident Form’.*