

**HOLY| CROSS CATHOLIC PRIMARY SCHOOL**

**ALLEGED BULLYING INCIDENT FORM**

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

|  |  |
| --- | --- |
| **Name(s) of pupil(s) involved** | **Class** |
|  |  |
|  |  |
|  |  |
|  |  |
| **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’.*