APPENDIX ii

BEHAVIOUR INCIDENTS FORM

For use when investigating allegations of bullying & behaviours linked to the Protected Characteristics.

DATE INCIDENT OCCURRED: **DATE REPORTED:**

DETAILS OF THOSE DISPLAYING BEHAVIOUR.					
NAME	YEAR GROUP	GENDER	ETHNICITY	SEND	OTHER INFORMATION
	EY/1/2/3/4/5/6	M / F		Y / N	
	EY/1/2/3/4/5/6	M / F		Y / N	
	EY/1/2/3/4/5/6	M / F		Y / N	
	EY/1/2/3/4/5/6	M / F		Y / N	
TOTAL NUMBER OF PUPILS DISPLAYING BEHAVIOUR					
DETAILS OF THOSE EXPERIENCING BEHAVIOUR.					
NAME	YEAR GROUP	GENDER	ETHNICITY	SEND	OTHER INFORMATION
	EY/1/2/3/4/5/6	M / F		Y / N	
	EY/1/2/3/4/5/6	M / F		Y / N	
	EY/1/2/3/4/5/6	M / F		Y / N	
	EY/1/2/3/4/5/6	M / F		Y / N	
TOTAL NUMBER OF PUPILS EXPERIENCING BEHAVIOUR					

TYPE /NATURE OF INCIDENT (please circle)

WRITTEN / PHYSICAL / VERBAL / INCITEMENT / ISOLATION / CYBER / PROPERTY DAMAGE / OTHER

IF OTHER PLEASE STATE: _____

PLEASE INDICATE (circle) IF THERE IS ANY SUSPICION THAT THE BEHAVIOUR WAS INFULENCED BY PROTECTED CHARACTERISTICS:

AGE / APPEARANCE / RACE / GENDER / SEXUAL ORIENTATION / DISABILITY / AGE / RELIGION / CLASS / SEN

IF OTHER PLEASE STATE: _____

DETAILS OF THE INCIDENT	
WHEN DID THE INCIDENT OCCUR? (Circle all that apply).	BEFORE SCHOOL / AFTER SCHOOL / DURING CLASS / BREAKTIME / LUNCHTIME / OTHER PLEASE STATE: _____
WHERE DID THE INCIDENT OCCUR? (Circle all that apply).	CLASSROOM / PLAYGROUND / FIELD / OUT OF SCHOOL / WITHIN THE COMMUNITY / UNKNOWN / OTHER PLEASE STATE:_____

APPENDIX ii

BRIEF EXPLANATION OF INCIDENT	

WHAT ACTION WAS TAKEN?

PLEASE INDICATE (delete as appropriate) WHICH ACTIONS WERE CARRIED OUT FOLLOWING THE INCIDENT:

INTERVIEWED PUPILS INVOLVED

INFORMED PARENTS CONCERNED PHONE / EMAIL / IN PERSON

WHAT ACTION WAS TAKEN FOR THOSE DISPLAYING THE BEHAVIOUR?	**WHAT ACTION WAS TAKEN FOR THESE EXPERIENCING THE BEHAVIOUR?**
REVIEW DATE:	**REVIEW DATE:**
FURTHER ACTION TAKEN	**FURTHER ACTION TAKEN**

ANY OTHER PREVENTATIVE WORK TO BE CARRIED OUT.

WHOLE SCHOOL / CLASS / GROUP WORK / INDIVIDUAL / OTHER PLEASE STATE:_____

NAME & SIGNATURE OF STAFF MEMBER WHO INITIALLY DEALT WITH / REPORTED THE INCIDENT:

_____

NAME & SIGNATURE OF HEADTEACHER:_____