



## Incident Report Form

<b>Name:</b> _____	<b>Year Group:</b> _____	<b>Date:</b> ____ / ____ / 2020
<b>Time of Incident:</b> _____	<b>Place:</b> _____	<b>Staff Member:</b> _____

**Type of incident:**

<input type="checkbox"/> Physical bullying/harassment	<input type="checkbox"/> Verbal bullying/harassment	<input type="checkbox"/> Racial bullying/harassment
<input type="checkbox"/> Sexual bullying/harassment	<input type="checkbox"/> Cyberbullying/harassment	<input type="checkbox"/> Classroom issue
<input type="checkbox"/> Friendship issue	<input type="checkbox"/> Other: _____	

**What happened (be specific and use exact words/actions):**

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**Who has been harmed/affected:**

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\*please know that this information will be kept on your student file.



Student Signature:

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### Follow Up

#### **Classroom Teacher or Pastoral Care Teacher Follow Up:**

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken (please tick action/s taken):

- Met with student                       Restorative meeting with all parties                       Learning Support Contract  
 Detention                                       Parent contact                                       Community Service  
 Issue not able to be resolved – matter referred to Faculty Executive Teacher

Other:

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#### **Pastoral Care Advisor Follow Up:**

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Actions Taken (please tick action/s taken):

- Met with student                       Restorative meeting with all parties                       Detention  
 Parent contact                                       Community Service                                       Restraint from Harassment  
 Referral to Nurse/Psychologist/Youth Worker

Other:

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#### **Executive Follow Up:**

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Actions Taken (please tick action/s taken):

- Met with student                       Restorative meeting                       Detention                                       Parent contact  
 Learning Support Contract                       Restraint from Harassment                       Internal Suspension  
 External Suspension

Other:

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\*Please make sure all details are entered into SAS and this document is placed in SS\*