**Sandford International School**

 **BULLYING INCIDENT REPORT FORM**

**TO BE COMPLETED BY STAFF AND RETURNED TO THE RELEVANT HEAD OF YEAR (SECONDARY)**

**OR DEPUTY HEAD (PRIMARY)**

|  |
| --- |
| **Name of staff reporting concern:** |
| **Date of initial report:**  |

|  |
| --- |
| **Date of incident: Time of incident:** **Repeat infraction? YES / NO Location of incident:** |
| **Name of victim(s)\*:**  |
| **Name of student(s) bullying\*:**  |
| **Name(s) of witnesses/bystanders\*:**  |

**\* PLEASE MAKE SURE ALL NAMES ARE WRITTEN IN FULL AND THAT STUDENTS’ TUTOR GROUPS/ YEAR GROUPS ARE INCLUDED**

|  |
| --- |
| **Describe the incident:**  |

|  |
| --- |
| **Action taken:** |

|  |
| --- |
| **Signed: Date:** |

**Please submit this form to the relevant Head of Year (Secondary) or Deputy Head (Primary)**

**To be completed by the Head of Year or Deputy Head**

|  |
| --- |
| **Action taken:** |

|  |
| --- |
| **Signed: Date:** |

**Feedback provided to the reporter(s)**

**Please also send this form to the Designated Safeguarding Lead.**

**(email: safe@sandfordschool.org)**