**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)**

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

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| **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**

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| **Describe the incident:** |

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| **Action taken:** |

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| **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**

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| **Action taken:** |

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| **Signed: Date:** |

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

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

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