

Linlithgow Academy Alleged Bullying Incident Form



Report of Incident

| | | | |
|--------------|-------|-------------|--|
| Reported by: | | Department: | |
| Date: | Time: | Location: | |

| Details of person(s) experiencing | | Details of person(s) displaying | |
|-----------------------------------|-------|---------------------------------|-------|
| Name | Class | Name | Class |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Details of incident/situation/concern (please tick as appropriate) | | | |
|--|--------------------------|--|--------------------------|
| Name calling | <input type="checkbox"/> | Abusive messages | <input type="checkbox"/> |
| Hit, tripped, pushed or kicked | <input type="checkbox"/> | Being ignored | <input type="checkbox"/> |
| Belongings taken | <input type="checkbox"/> | Targeted because of who they are perceived to be | <input type="checkbox"/> |
| Other (please specify) | | | |
| | | | |

| Action taken (initial and date) | Comments |
|--|----------|
| Restorative meeting | |
| Logical consequence (e.g. move seat) | |
| Other (please detail) | |
| Incident resolved | |
| Further investigation by Pupil Support Teacher | |

Please complete and pass to Wellbeing Office

To be completed by Pupil Support Teacher

| Pupil Support Teacher Action (initial and date) | | Comments |
|--|--|-----------------|
| Restorative meeting | | |
| Logical consequence (e.g. payback) | | |
| Parent Informed | | |
| Refer to SMT | | |
| Refer to Police | | |
| Incident resolved | | |
| Not resolved | | |
| Unfounded | | |
| Other (please detail) | | |

| Perceived reason(s) for alleged bullying (please tick as appropriate) | | | |
|--|--|------------------------------------|--|
| Actual or perceived sexual orientation | | Additional Support Needs | |
| Asylum seekers or refugee status | | Body image and physical appearance | |
| Disability | | Gender identity | |
| Mental Health | | Race and Racism including culture | |
| Religion or belief, sectarianism | | Socio economic prejudice | |
| Other (please specify) | | | |

Incident Monitor/Review for 2 weeks following incident

| Monitor/Review | YES | NO | Any further action? |
|---|------------|-----------|----------------------------|
| Person(s) experiencing | | | |
| Do they feel their concerns were listened to? | | | |
| Do they feel satisfied with the outcome? | | | |
| Is parent/carer satisfied with outcome? | | | |
| | | | |
| Person(s) displaying | | | |
| Do they feel their concerns were listened to? | | | |
| Do they feel satisfied with the outcome? | | | |
| Is parent/carer satisfied with outcome? | | | |

Incident Closed

Reviewer sign:

Date:

Please complete and pass to Pupil Support Manager for recording in Seemis and filing