

## Initial Investigation into allegation of bullying

Completed by:

Position:

Date:

Reported by:

Role:

Date:

Form of referral:

 Verbal Report Phone Call Letter Email

Child(s) name(s) alleged to be <b>experiencing</b> bullying behaviour	Age

Child(s) name(s) alleged to be <b>engaging</b> in bullying behaviour	Age

Reported account:

(use Form 1a if required)

Details gathered to date: (use Form1b restorative questions to interview)

(use Form 1a if required)

Action taken to date: (please tick relevant boxes)

- Checked for earlier incidents involving same pupils
- Individual discussions with pupils involved
- Discussion of incident with peers/class
- On-going support/monitoring from staff
- Applied sanctions

- Notified class teacher
- Group discussion with pupils involved
- Restorative intervention
- Details of action agreed with pupils
- Parent letter/meeting

Any additional action taken?:

(use Form 1a if required)

## Factors to help determine if incident constitutes bullying

- Incident was bullying if all 3 warnings below are confirmed
- Hurt has been deliberately/knowingly caused (physically or emotionally)
  - It is a repeated incident or experience or the involvement of a group
  - Involves an imbalance of power:
    - target feels s/he cannot defend her/himself, or
    - perpetrator/s exploiting their power (size, age, popularity, coolness, abusive language, labelling/name calling, etc.)
- Incident was cyberbullying if messages of an intimidating, humiliating or threatening nature were sent or left on a social networking site

- Incident was not bullying on this occasion because it was:
- the first hurtful incident between these children
  - teasing/banter between friends without intention to cause hurt
  - falling out between friends after a quarrel, disagreement or misunderstanding
  - conflict that got out of hand
  - activities that all parties have consented to and enjoyed (check for coercion)

## Focus of bullying behaviour

Please tick all elements which apply in your understanding of the incident(s) and record specific language:

	Definitely applies	Possibly applies
Age/ Maturity		
Appearance		
Size/weight		
Class/Socio-economic		
Family circumstance (e.g. caring role)		
Ethnicity/Race		
Religion/Belief		
Gender		
Transphobia/Gender identity		
Homophobia/sexuality		
Sexualised		
SEN and Disability		
Ability/application		

Details of any support given:

- Counselling     
  Peer support     
  Referral to external agencies  
 None offered     
  None – offered but refused     
  Referral to CAHMS

Other, please specify:

Was alleged bullying confirmed? (please see overleaf)	*Yes	No	Insufficient evidence
* If yes, please log details on Form 2 Confirmed bullying report form			