

# MADANI SCHOOLS FEDERATION | **Bullying Report Form**

**SECTION 1** | To be completed by any **pupil/** member of staff requested to complete a statement

<b>Name:</b>		<b>Surname:</b>	
Madani Girls School		Madani Boys School	
<b>Form/ Department/ Team:</b>		<b>Age:</b>	<b>DOB:</b>
<b>Date/s</b> of incident:    /    /	<b>Time</b> of incident:	<b>Length</b> of incident: (Hour, minutes)	

Details of **WHAT** happened: *(Brief description of what happened & WHEN, chronological/ in order of events)*

<b>Bullying incident related to</b> <i>(Tick all that apply)</i>		<b>Form of bullying</b> <i>(Tick all that apply)</i>	
Race		Physical aggression	
SEN or Disability		Deliberately excluding	
Gender		Name calling and teasing	
Age		Cyber bullying	
Appearance or health condition		Damaging or taking personal possessions	
Sexual orientation		Verbal threats or Extortion	
Religion or culture		Spreading rumours	
Other <i>(Define)</i>		Other <i>(Define)</i>	
<b>How often</b> has the bullying behaviour been happening? <i>(Tick all that apply)</i>   <b>Several Times On Purpose'</b>			
Several times a day		Constant over a month	
Several times a week		Constant over more than a month	
Several times a month		Other <i>(Define)</i>	

Details of **WHO** was involved?

Follow up review dates and intervention: *Has the bullying stopped?*

**SECTION 2** | I hereby confirm that this statement (consisting of \_\_\_ pages) is true to the best of my knowledge and understand the importance & my responsibility to provide an accurate account.

Signature of statement writer:	Date:
--------------------------------	-------

Signature of statement witness:	Date:
---------------------------------	-------

**OFFICE USE ONLY** | **Actions & Referral/s:** Please tick appropriate boxes

<input type="checkbox"/>	Police/ PO/ PSCO	CCTV Footage	Y N	No further action	Y N
<input type="checkbox"/>	School Designated Safeguarding Leader	Mentor Referral	Y N	Detention	Y N
<input type="checkbox"/>	LADO/ SS (Attach form to LSCB form)	Parents informed	Y N	On Call	Y N
<input type="checkbox"/>	Nurse/ GP	Notes attached	Y N	Internal Exclusion	Y N
<input type="checkbox"/>	SLT   HOK   Tutor	EWO Referral	Y N	Exclusion	Y N
<input type="checkbox"/>	Other RC   EX   LGB   GD _____	PSP Referral	Y N	Other	Y N

**Please use overleaf or attach a copy of any additional notes to this form**