

Reporting/monitoring form: harassment/incidents of abuse/hate crime/serious bullying**Section 1 (school/setting use only)**

Name of target:		
Name of person raising concern/making complaint (if other than target):		
Name(s) of perpetrator(s) – if known:		
Name(s) of bystanders:		
Please give brief details of the incident(s), including any antecedents:		
Signatures of those involved:		
School action required to investigate the incident(s) – with outcomes: (include who by an timescales)		
Initial actions to intervene/resolve/support – with outcomes: (include who by and timescales)		
Review date:		
Follow-up action required: (include who by and timescales)		
Further review needed	<input type="checkbox"/>	Date for review _____
Signed:	Role:	Date:

Section 2

School/setting		Date and time of incident:
Reported by: <i>Select all that apply</i>	<input type="checkbox"/> target <input type="checkbox"/> other pupil <input type="checkbox"/> staff <input type="checkbox"/> parent/carer <input type="checkbox"/> other – <i>please specify</i>	Additional comment
Location <i>Select all that apply</i>	<input type="checkbox"/> in Class – please specify which if secondary <input type="checkbox"/> outside space <input type="checkbox"/> corridor/hall/dining hall <input type="checkbox"/> journey to/from school <input type="checkbox"/> out of school <input type="checkbox"/> educational visit <input type="checkbox"/> other – <i>please specify</i>	Additional comment
Focus <i>Was the incident(s) motivated by any of the following?</i> <i>Select all that apply</i>	<input type="checkbox"/> race/culture <input type="checkbox"/> gender/sexual <input type="checkbox"/> religion/faith <input type="checkbox"/> sexual orientation/gender identity <input type="checkbox"/> disability/special educational needs <input type="checkbox"/> age <input type="checkbox"/> socio-economic background <input type="checkbox"/> other – <i>please specify</i> <input type="checkbox"/> not applicable	Additional comment
Type <i>What was the nature of the incident(s)?</i> <i>Select all that apply</i>	<input type="checkbox"/> verbal abuse (<i>eg racist name, swearing</i>) <input type="checkbox"/> physical assault (<i>eg hitting, kicking</i>) <input type="checkbox"/> ostracising (<i>eg leaving out/not speaking to</i>) <input type="checkbox"/> spitting <input type="checkbox"/> damaging personal property <input type="checkbox"/> graffiti or writing <input type="checkbox"/> denial of rights/participation etc <input type="checkbox"/> incitement <input type="checkbox"/> malicious gossip (<i>eg spreading rumours</i>) <input type="checkbox"/> cyber (<i>eg mobile, "facebook" – please specify</i>) <input type="checkbox"/> other - <i>please specify</i>	Additional comment
Frequency <i>Select one</i>	<input type="checkbox"/> one off incident <input type="checkbox"/> repeated occurrence (2 or 3 times) <input type="checkbox"/> frequent occurrence (<i>please specify</i>)	Additional comment
Number of perpetrators involved <i>Select one</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 1 with supporting group <input type="checkbox"/> 2 or 3 <input type="checkbox"/> 2 or 3 with supporting group <input type="checkbox"/> 4 or 5 <input type="checkbox"/> more than 5 <input type="checkbox"/> other - <i>please specify</i>	Additional comment

A hate crime or incident which the victim or anyone else thinks was motivated by prejudice or hatred of gender identity, religion or belief, sexual orientation, race, culture or disability.

Does this record constitute a report of a hate crime? Yes No

Social identity of target (if known)

School/setting		Date and time of incident:
Age: <i>Select one</i>	<input type="checkbox"/> 3-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-11 <input type="checkbox"/> 12-14 <input type="checkbox"/> 15-16 <input type="checkbox"/> 17-19 <input type="checkbox"/> 20-35 <input type="checkbox"/> 36-50 <input type="checkbox"/> 51-65 <input type="checkbox"/> 65+ <input type="checkbox"/> Not known	Additional comment
Gender <i>Select one</i>	<input type="checkbox"/> male <input type="checkbox"/> female	Additional comment
Sexual Orientation <i>Select one if 15+, otherwise leave blank</i>	<input type="checkbox"/> Heterosexual/straight <input type="checkbox"/> Gay/Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Trans <input type="checkbox"/> Not known/don't want to comment	Additional comment
Disability <i>Select one</i>	<input type="checkbox"/> Disabled/SEN <input type="checkbox"/> Non disabled/SEN	Additional comment
Ethnicity <input type="checkbox"/>	<p>White</p> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Polish <input type="checkbox"/> Traveller <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Other White background – <i>please specify</i> <p>Mixed</p> <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other mixed background – <i>please specify</i> <p>Asian or Asian British</p> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian background – <i>please specify</i> <p>Black or Black British</p> <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black background – <i>please specify</i> <p>Other</p> <input type="checkbox"/> Chinese <input type="checkbox"/> Other ethnic background – <i>please specify</i> <input type="checkbox"/> Don't know	Additional comment
Other	<input type="checkbox"/> Any other social identity factor relevant to the report – <i>please specify eg looked after child</i>	Additional comment
Role <i>Select one</i>	<input type="checkbox"/> Pupil <input type="checkbox"/> Staff <input type="checkbox"/> Parent/carer <input type="checkbox"/> Governor <input type="checkbox"/> Visitor <input type="checkbox"/> Other - (<i>please specify</i>)	Additional comment

Social identity of perpetrator(s) (if known)

- If multiple perpetrators, please enter the number of perpetrators meeting that description in each box

School/setting		Date and time of incident:
Age: <i>Select one</i>	<input type="checkbox"/> 3-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-11 <input type="checkbox"/> 12-14 <input type="checkbox"/> 15-16 <input type="checkbox"/> 17-19 <input type="checkbox"/> 20-35 <input type="checkbox"/> 36-50 <input type="checkbox"/> 51-65 <input type="checkbox"/> 65+	Additional comment
Gender <i>Select one</i>	<input type="checkbox"/> male <input type="checkbox"/> female	Additional comment
Ethnicity <input type="checkbox"/>	White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Polish <input type="checkbox"/> Traveller <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Other White background – <i>please specify</i> Mixed <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other mixed background – <i>please specify</i> Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian background – <i>please specify</i> Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black background – <i>please specify</i> Other <input type="checkbox"/> Chinese <input type="checkbox"/> Other ethnic background – <i>please specify</i> <input type="checkbox"/> Don't know	Additional comment
Other	<input type="checkbox"/> Any other social identity factor information relevant to the report – <i>please specify eg looked after child</i>	

Action Taken		
Standard school procedure <i>Select all that apply</i>	<input type="checkbox"/> Restorative conversation involving target & perpetrator <input type="checkbox"/> Discrete SEAL work (small group/class/whole school) <input type="checkbox"/> Meeting with parents/carers of target <input type="checkbox"/> Meeting with parents/carers of perpetrator(s) <input type="checkbox"/> Peer support for target <input type="checkbox"/> Peer support for perpetrator(s) <input type="checkbox"/> Use of restrictive physical intervention <input type="checkbox"/> Application of school behaviour policy for perpetrator(s) <input type="checkbox"/> Fixed term exclusion for perpetrator(s) <input type="checkbox"/> Permanent exclusion for perpetrator(s) <input type="checkbox"/> No further action <input type="checkbox"/> Other – please specify	Additional comment
Referral to external agency/support <i>Select all that apply</i>	<input type="checkbox"/> Enhanced mainstream school – BESD, MEA hub <input type="checkbox"/> Behaviour collaborative <input type="checkbox"/> Educational Psychology Service <input type="checkbox"/> ESW service <input type="checkbox"/> Q&I – advice & support <input type="checkbox"/> Community Cohesion worker <input type="checkbox"/> CAF <input type="checkbox"/> Targeted youth support <input type="checkbox"/> cAMHS <input type="checkbox"/> Police/Safer neighbourhood Team <input type="checkbox"/> Other – please specify	Additional comment

You should complete section 1 of the report to maintain for your own records

Section 2 of record should be submitted to the LA, and should contain no identifiable information of those involved. **(Need to add details of how to do this)**

Records should be kept in a secure location whether electronic or paper copy. It is vital that privacy can be ensured for both victims and alleged perpetrators and that procedures are put in place to safeguard against any escalation of the incident(s).