

**Form B1****Recording allegations of bullying incidents in Education Establishments  
in East Dunbartonshire****Part A****All allegations of bullying must be recorded in Part A****Reference No: To be completed by ED Dept, The Marina****The data recorded centrally by the Education Service is shown by the shaded areas.****Name of School:****Date incident reported:**

The alleged victim(s)		Pupil(s) not directly involved in the alleged incident		Visitor to the school	
Parents/Carers of the alleged victim(s)		Pupil witnesses to the alleged incident		Other – please give details	
Member of school staff		Member of local school community			
Name of person who reported incident (where known)					

**Date(s) and timing(s) of alleged incident(s) (where known)**

### Details of pupils involved in alleged incident

<b>NB/Data protection: the names of pupils entered in this field will not be divulged in any public records. See Section 3.7 for relevant guidance on Data Protection issues and confidentiality.</b>				
Name(s) of alleged perpetrators of the bullying	Year/ stage	Gender M/F	Ethnicity (see table for code)	Religion (see table for code)
			<b>This section to be completed by designated person</b>	
Name(s) of pupils who are experiencing bullying				

### When did the alleged incident occur?

Please tick relevant box(es)

<input type="checkbox"/> During class	<input type="checkbox"/>	<input type="checkbox"/> During mid-morning break	<input type="checkbox"/>	<input type="checkbox"/> At lunch time	<input type="checkbox"/>	<input type="checkbox"/> After school	<input type="checkbox"/>
<input type="checkbox"/> Between classes	<input type="checkbox"/>	<input type="checkbox"/> During afternoon break	<input type="checkbox"/>	<input type="checkbox"/> Before school	<input type="checkbox"/>	<input type="checkbox"/> Other – please specify	

### Where did the alleged incident occur?

Please tick relevant box(es)

<input type="checkbox"/> In playground	<input type="checkbox"/>	<input type="checkbox"/> On the transport	<input type="checkbox"/>	<input type="checkbox"/> Outside of school premises	<input type="checkbox"/>
<input type="checkbox"/> On transport provided by the Local Authority	<input type="checkbox"/>	<input type="checkbox"/> Both on and outside of school premises	<input type="checkbox"/>	<input type="checkbox"/> On school premises	<input type="checkbox"/>
<input type="checkbox"/> In class	<input type="checkbox"/>	<input type="checkbox"/> Other (please specify)			

**Type/nature of alleged incident**

Please tick relevant box(es)

1	<b>Written</b> (e.g. graffiti, notes, letters, writing on jotters, written threats, ridicule through drawings etc.)		5	<b>Isolation</b> (shunned by peers, rejected, left out of activities, groups etc.)	
2	<b>Verbal</b> (e.g. name calling, slagging, threatening, sarcasm, discriminatory comments during classes etc.)		6	<b>Incitement</b> (e.g. encouraging others to bully, repeatedly behaving in a discriminatory manner; repeatedly wearing discriminatory insignia such as racist badges, etc.)	
3	<b>Physical</b> (e.g. pushing, shoving, fighting, tripping-up etc.)		7	<b>Using technology</b> (e.g. anonymous 'phone calls; offensive/threatening texting/e-mails)	
4	<b>Damage to property</b> (e.g. theft of bags, clothes, money; tearing clothes; ripping books, etc.)		8	<b>Other</b> – please specify	

**Please indicate if there is any suspicion that the alleged incident may also have other discriminatory components (tick more than one box if required).**

Disability		Socio-economic class		Gender	
Religion		Sexual orientation		* <b>Race (i.e. colour, nationality, ethnic background.</b>	
Other – please specify					

**\* Alleged/actual incidents which may be/have been triggered by ‘race’ must be recorded on Form R1(1) – see document: *Tackling Racist Incidents Within the Education Service (2003).***

**Please indicate the procedures which were used to investigate the alleged incident.**

Interviewed all pupils who were allegedly involved		Interviewed parents of those who were allegedly bullying	
Interviewed parents of those who were allegedly being bullied		Interviewed witnesses	
Other (please specify)			

**After investigation was the allegation of bullying substantiated?**

Yes

No

**If Yes, please continue on to Part B. If No, please go to the end of the Form.**

## Part B

**Please indicate which of the following interventions were used to support those who were bullied**

Please tick relevant box(es)

Counselling		Mediation	
Peer support		Person centred approaches e.g. No Blame, Method of Shared Concern	
Referral to the Authority Reporter		Other (please specify)	

**Please indicate which of the following interventions were used to support/challenge pupils who were bullying**

Please tick relevant box(es)

Person centred approaches e.g. No Blame, Method of Shared Concern		Mediation		Verbal reprimand		Suspension		Police involved	
Peer support		Counselling		Written warning		Exclusion		Detention	
Referral to the Authority Reporter		Other (please specify)							

**Please indicate the level of parental involvement**

Please tick relevant box(es)

Parents not informed of the incident		Parents involved actively in discussions etc.	
Parents informed by letter		Other – please specify	

Please indicate if any follow-up preventative work was done as a result of the incident occurring:

Whole school		Group work	
Whole class		Individual work	
Review of policy and procedures		Other (please specify)	

Please indicate at what stages, if any, the incident was monitored/reviewed after action was instigated

One week		One month		Six month	
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Please tick if you feel that the incident is now closed

Any other comments
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Date .....

Signed by Designated Person .....

Signed by Head Teacher .....

On completion, forms should be sent to the Head of Education at The Marina.

## Codes for Form B1

Details of a pupil's ethnic origin and religion are held in the personal details record section of SEEMIS 'click & go'.

### Codes for ethnic monitoring

White - UK	WU
White – other	WO
Asian – other	AO
Bangladeshi	BA
Black – Caribbean	BC
Black – African	BL
Black – other	BO
Asian – Chinese	CH
Asian – Indian	IN
Asian – Pakistani	PA
Mixed	MI
Other Ethnic	OE
Gypsy Traveller	GT
Occupational Traveller	OT
Other Traveller	TO
Not disclosed	XX

### Codes for monitoring religion

Buddhist	BU
Christian	CH
Hindu	HI
Jewish	JE
Muslim	MU
No religion	NR
Other religion	OR
Sikh	SI
Not disclosed	XX
Not known	ZZ