

**Appendix 1  
AB1**

**INCIDENTS OF BULLYING - RECORD SHEET**

DATE OF INCIDENT: \_\_\_\_\_

NAME OF VICTIM: \_\_\_\_\_ CLASS: \_\_\_\_\_

NAME OF ACCUSED: \_\_\_\_\_ CLASS: \_\_\_\_\_

**1. Tick which of the following type(s) of bullying occurred.**

Name calling \_\_\_\_\_ Isolating an individual \_\_\_\_\_

Issuing verbal threats \_\_\_\_\_ Teasing \_\_\_\_\_

Demanding or taking money \_\_\_\_\_ Forcing someone to steal \_\_\_\_\_

Physical violence eg hitting, kicking \_\_\_\_\_

Demanding or taking others' possessions \_\_\_\_\_

Deliberately damaging someone's schoolwork or equipment \_\_\_\_\_

Non-verbal threats eg 'the look', signs etc \_\_\_\_\_

Other \_\_\_\_\_

**2. Tick where the bullying occurred.**

Playground \_\_\_\_\_ Cloakroom \_\_\_\_\_ Dining room \_\_\_\_\_

Toilets \_\_\_\_\_ Way to school \_\_\_\_\_ Corridors \_\_\_\_\_

In class \_\_\_\_\_ Way home \_\_\_\_\_

Any other places \_\_\_\_\_

**3.**

Incident reported or witnessed by	Self		Parents		Other		Please specify	
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**4. ANY ADDITIONAL INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_

**5. ACTION TAKEN**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_