

**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: _____