

SIMS Bullying Form

- Collect details, either to keep on this form, or else to enter into **SIMS .net**
- To enter details into SIMS .net, go to **Focus > Behaviour Management > Maintain Behaviour Incidents > New**
- Choose '**Bullying**' from the 'top level' **Type**, then if appropriate, choose one '**Type Of Bullying**' as motivation.
- Choose one or more appropriate '**Additional Types**'.
- **NB** Record sufficient detail to identify exact nature of prejudice and type of bullying in comments

Reason for bullying:		Type of bullying:	
Young carers, looked after children	<input type="checkbox"/>	Assault	<input type="checkbox"/>
Appearance or health condition	<input type="checkbox"/>	Verbal abuse (pupil / teacher)	<input type="checkbox"/>
Race Religion or Culture	<input type="checkbox"/>	Threatened	<input type="checkbox"/>
SEN or Disabilities	<input type="checkbox"/>	Theft / taking property	<input type="checkbox"/>
Sexist or Sexual, incl. transgender phobia	<input type="checkbox"/>	Cyberbullying	<input type="checkbox"/>
Sexual Orientation (homophobia)	<input type="checkbox"/>	Emotional bullying	<input type="checkbox"/>
Other (record in Comments , below)	<input type="checkbox"/>	Excluding	<input type="checkbox"/>
Alleged	<input type="checkbox"/>	Written derogatory comments, incl. graffiti	<input type="checkbox"/>
		Other (record in Comments , below)	<input type="checkbox"/>

The categories above put some equality groups together e.g. **Race, Religion or Culture**, so please use the **Comments** box to explain which.

Activity: (lesson where bullying took place, if relevant)

Locality

Date of Incident:

Time:

- Bus
- Classroom
- Corridor
- Dining Hall
- Playground
- To, or from, school
- Toilets
- Outside school premises
- Other (record in Comments)

Comments

Recorded on:

Status:

- Resolved
- Unresolved
- Further intervention needed

Staff recording the incident...

Name:

Role:

Staff involved:

Role: (Target / Aggressor / Witness)

Pupils involved:

Name:

Role: (Target / Aggressor / Witness / Participant / Bystander)

Individual Student Record

Have you had contact with the target's parent / carer?

Yes

No

If Yes, by phone / letter? Date of contact:.....

Have you had contact with the aggressor's parent / carer?

Yes

No

If Yes, by phone / letter? Date of contact:.....

Are any other agencies involved?

Yes

No

If Yes, which agencies?

Does the incident require a multi-agency response?

Yes

No

If Yes, or other agencies already involved, and incident was prejudice-motivated, consult local authority as to whether Hate Crime report appropriate.

Signed

Name

Details of any subsequent actions or follow-up
(record in Comments)