

Appendix 2	Bullying Incident	Record Sheet
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	Name	Year
Complainant(s)		
Alleged student who has been bullied		
Alleged student who has displayed bullying behaviour		

Date of incident:
Location of incident: <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Corridor <input type="checkbox"/> Other (please state) _____
Details of incident:
Action/Support for student who has been bullied: <input type="checkbox"/> Discussion with tutor/subject teacher / class teacher <input type="checkbox"/> Given strategies to deal with feelings associated with bullying behaviour <input type="checkbox"/> Defined on-going support / monitoring <input type="checkbox"/> Appointment with school counsellor <input type="checkbox"/> Parents involved (please specify) _____ <input type="checkbox"/> Referral to other agencies (please specify) _____ <input type="checkbox"/> Other (please specify) _____
Action/Support for student who has been displaying bullying behaviour: <input type="checkbox"/> Discussion with tutor/subject teacher / class teacher <input type="checkbox"/> Defined on-going support/monitoring <input type="checkbox"/> Appointment with school counsellor <input type="checkbox"/> Parents involved (please specify) _____ <input type="checkbox"/> Report to Principal / Vice Principal <input type="checkbox"/> Referral to other agencies (please specify) _____ <input type="checkbox"/> Other (please specify) _____

This form is to be passed to the Head of School for action. Copies to be placed in students' files and incident to be recorded on MyConcern by HoS / AHT Progress and Welfare.

Name and responsibility of person completing this form	Signature	Date

Aspire • Inquire • Excel • Belong

Jersey College for Girls Le Mont Millais, St. Saviour, Jersey, JE2 7YB

T: +44 (0)1534 516 200 | **F:** +44 (0)1534 516 201 | **E:** admin@jcg.sch.je | **W:** jcg.je

Principal: Mr Carl Howarth B.Ed (Cantab), M.A, NPQH | **Vice Principal:** Miss Toni Rollo B.Sc, NPQH