

## Bullying Incident Report Form

Incident details			
Date of incident		Time of incident	
Location / event			
Where did the incident occur?	<input type="checkbox"/> Sports playing area	<input type="checkbox"/> Changing rooms	<input type="checkbox"/> Toilet
	<input type="checkbox"/> Other (specify):		
Nature / type of incident			
<input type="checkbox"/> Extortion	<input type="checkbox"/> Written		
<input type="checkbox"/> Isolation – being ignored or left out	<input type="checkbox"/> Possessions – kit taken or damaged		
<input type="checkbox"/> Physical – being hit or hurt	<input type="checkbox"/> Forced into actions against will / hazing		
<input type="checkbox"/> Verbal – name-calling, taunting, mocking, threatening	<input type="checkbox"/> Cyber – online, social media, email, text, posting photos / videos		
<input type="checkbox"/> Spreading rumours	<input type="checkbox"/> Other (specify):		
Are there indications that the incident was motivated by any of these? Tick all that apply	<input type="checkbox"/> General appearance / demeanour	<input type="checkbox"/> Race / ethnic origin	
	<input type="checkbox"/> Disability / SEN	<input type="checkbox"/> Sexual orientation	
	<input type="checkbox"/> Gender / sexism	<input type="checkbox"/> Home circumstances	
	<input type="checkbox"/> Religion	<input type="checkbox"/> Sports ability	

Individuals involved				
	Name	Gender*	Age	Role*
1				
2				
3				
4				
5				
6				
* Gender: <b>F</b> – Female / <b>M</b> – Male / <b>NB</b> – Non-binary / Another – please write in				
* Role: <b>V</b> – Victim / <b>R</b> – Ringleader / <b>A</b> – Associate / <b>B</b> – Bystander				

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*sportwales  
chwaraeoncymsu*

Brief summary of incident(s)

Action taken
Include any sanctions, exclusions, parental involvement, or involvement with external agencies.
Overall (include details if incident was referred on)
With each individual involved (noted on page 1)

Declaration	
Form completed by (print your name)	
Your signature	x
Today's date	

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