**Bullying incident report form**

Please send this to either: [hannah.powell@weightlifting.wales](mailto:hannah.powell@weightlifting.wales) OR simon.roach@weightlifting.wales

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

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

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| **Brief summary of incident(s)** |
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| **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 | 🗶 |
| Today’s date |  |