Name: _______________________________ Date: _______________ Form: ___________

Where did it happen?

Classroom  Canteen  Library  School Grounds

Other: ____________________________________________________________________

When did it happen?

Before school  In class  Between classes  Lunch 1  Lunch 2  After school

Who was involved? Please list their full names.

1. _______________________________ 2. _______________________________

3. _______________________________ 4. _______________________________

5. _______________________________ 6. _______________________________

Briefly explain what happened. Please provide facts.

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

What did you do?

Hit back  Informed teacher  Ran Away  Cried  Told parent  Walked away calmly  Yelled/swore

Did anyone else see what happened? If so, who were they and what did they do?

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________
How did this make you feel?
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

What would you like to see happen now?

☐ Apology (verbal/written)
☐ Parent contact (telephone/letter)
☐ Help to work it out (meeting/mediation)
☐ Attend a counselling session/Program
☐ Detention (lunch time)
☐ Other sanction (Eg Suspension)
☐ Other___________________________________________________________________________________
_________________________________________________________________________________________

OFFICE USE ONLY

Date Received:   __________________________________________
Pastoral Care Staff Involved: ___________________________________________
Any injuries sighted? Please state:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
Action Taken:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
Date Action Taken: ___________________________ Signature: _____________________________

Have parents been contacted?   Yes / No

Entered on SIS behaviour management