Student Anti-Bullying Report Form

	Student Anti-Bullying Report Fo	orm					
Student Name:			Date, time and location of Allegation:				
Student/ Witnesses Notes attached (see policy for guidance)			Team Leader:				
Member of staff taking allegation (name)				Date case passed to Progression Specialist/ Course Tutor Name/Curriculum Support Team Leader:			
Notes made by member o	f staff taking allegation:			1			
Progression Specialist/ Co	urse Tutor/Curriculum Support T	eam Lead	der mee	eting with student making	allegation:		
Assessment of how student wishes to progress:							
ACTION TO TAKE:		Agreed	Done	ACTION TO TAKE: Ag		Agreed	Done
		22	<u> </u>			M	22
Signatures:	Progression Specialist/ Leader:	Progression Specialist/ Course Tutor/Curriculum Supp Leader:			Parent / Carer informed?	Yes	No
	Student:	Student:					•

ATTACHED NOTES:	
NAME	DATE