

Bullying/ Harassment Report Form (2022)

OFFICE Use Only - Spreadsheet _____ Incident Register Number _ _ _ _

TASMANIA

TO BE COMPLETED BY AN ADULT AWARE OF THE BULLYING/ HARASSMENT OF A STUDENT

Please refer to Policy for definition of Bullying and Harassment

This form is for the use of Giant Steps Tasmania and as such should include the full names of everyone involved.

DETAILS OF PERSON MAKING THE REPORT

Full Name: Ms/ Mr.....

Contact number:.....

Role: Teacher Aide Therapist Parent/ Carer Volunteer Other _____

DETAILS OF PERSON WHO IS BEING BULLIED/ HARASSED

Full Name:

Class:

Is the person Verbal/ Non-verbal?

Does the person have dual enrolment YES/ NO Where?

How is the person reacting to the behaviour?

DETAILS OF PERSON WHO IS BULLYING/ HARASSING

Full Name:

Class/ Group:

Is the person Verbal/ Non-verbal

Is the person aware of the impact of her/ his behaviour in your opinion

Does the person have a dual placement YES/ NO Where?

What steps have been taken to alter the behaviour? (if none, do not complete this form)

DETAILS OF BULLYING/ HARASSMENT

Since when have you been aware of the behaviour? :

How often have you witnessed/ been made aware of this behaviour?

Are you aware of anything that may have triggered this behaviour?

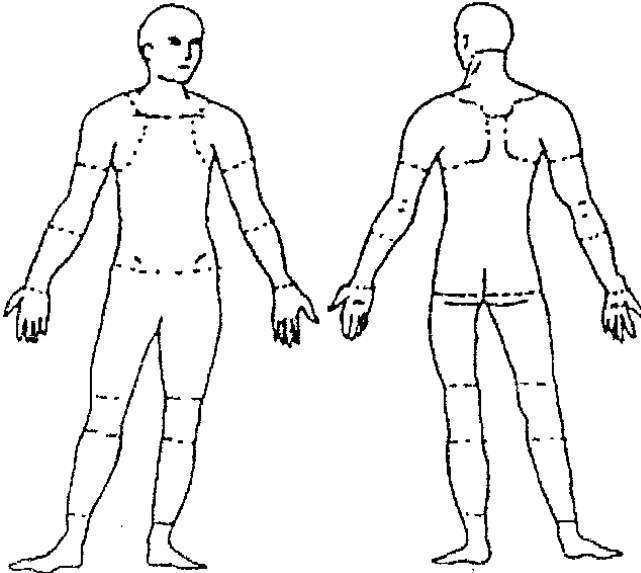
Describe the behaviour in as much detail as possible::

Bullying/ Harassment Report Form

IF ANY STUDENT HAS BEEN PHYSICALLY INJURED AS A RESULT OF THE BEHAVIOUR, GIVE DETAILS BELOW

Full Name of person injured: _____

Part of Body Injured (mark diagram with X as appropriate)



How the injury was caused (tick as many as apply):

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> biting | <input type="checkbox"/> gripping |
| <input type="checkbox"/> pulling | <input type="checkbox"/> kicking |
| <input type="checkbox"/> punching | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> pushing | |

The nature of the injury (tick as many as apply):

- | | |
|--|--|
| <input type="checkbox"/> abrasion/bruise | <input type="checkbox"/> puncture |
| <input type="checkbox"/> fracture/ dislocation | <input type="checkbox"/> strangulation |
| <input type="checkbox"/> concussion | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> cut/laceration | |

Treatment required at the time (tick as many as apply):

- Not required**
- First Aid** Name of person who supplied treatment: _____
Details of treatment: _____
- GP Visit** Name of GP/ Practice: _____
- Ambulance called** Details of paramedic treatment: _____
- Hospitalisation** Name of hospital: _____
- Parent/ Carer/ Emergency contact called** By: _____ Time: _____

Witness details (if appropriate)

Full Name: _____

Role: Staff Student/ Adult Client Visitor Contractor Volunteer Other _____

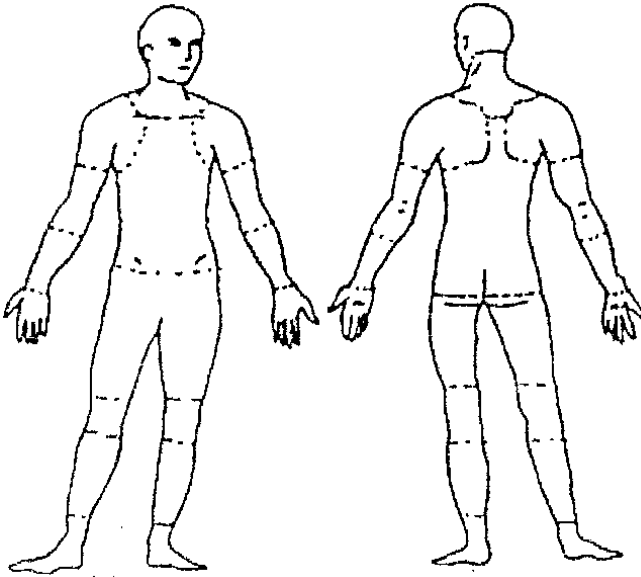
Contact Number: _____

Signature: _____ Date: _____

Bullying/ Harassment Report Form

Full Name of person injured: _____

Part of Body Injured (mark diagram with X as appropriate)



How the injury was caused (tick as many as apply):

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> biting | <input type="checkbox"/> gripping |
| <input type="checkbox"/> pulling | <input type="checkbox"/> kicking |
| <input type="checkbox"/> punching | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> pushing | |

The nature of the injury (tick as many as apply):

- | | |
|--|--|
| <input type="checkbox"/> abrasion/bruise | <input type="checkbox"/> puncture |
| <input type="checkbox"/> fracture/ dislocation | <input type="checkbox"/> strangulation |
| <input type="checkbox"/> concussion | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> cut/laceration | |

Treatment required at the time (tick as many as apply):

- Not required
- First Aid Name of person who supplied treatment: _____
Details of treatment: _____
- GP Visit Name of GP/ Practice: _____
- Ambulance called Details of paramedic treatment: _____
- Hospitalisation Name of hospital: _____
- Parent/ Carer/ Emergency contact called By: _____ Time: _____

Witness details (if appropriate)

Full Name: _____

Role: Staff Student/ Adult Client Visitor Contractor Volunteer Other _____

Contact Number: _____

Signature: _____ Date: _____

Bullying/ Harassment Report Form

TO BE COMPLETED BY THE PRINCIPAL IN CONSULTATION WITH ANOTHER APPROPRIATE STAFF MEMBER

Description of meetings/ additional support/ programmes and other follow up designed to reduce likelihood of recurrence of bullying/ harassment:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Details of parent/ carer involvement

.....

.....

Details of any other agencies/ organisations notified (e.g. CAMH, Dual Placement School):

.....

.....

.....

Entered into Accident Data Spreadsheet: Yes No Unknown

Signature of Principal Date:

Name of other staff member Role:

Signature: Date: