

## Mary MacKillop Catholic Regional College

## **BULLYING RECORD KEEPING TOOL**

Bullying is a serious offence and is not acceptable in our school. All Mary MacKillop Catholic Regional College (MMCRC) employees are required to report alleged violations and every act of bullying will be duly investigated and parent/carers informed.

## **Directions**

The Bullying Record Keeping and Investigation Tool is be used when an alleged bullying incident is reported. Upon completion, the Bullying Record Keeping Tool is to be filed in the appropriate students records.

Teacher Completing Form: Click or tap here to enter text.

Name/s of Students Involved:		Click or tap here to enter text.							
Date/Time of Incident		Click or tap to enter a date.				Time	AM/PM		AM/PM
Was the incident life threatening or was the target a high-risk concern?  If Yes, immediately inform the principal and as appropriate.									
Seek Medica Assistance	k Medical Infor				Inform DHHS (If appropriate)		S (If	Inform the CEO Sale Manager: Learning and Teaching	
		]							
Where did the incident occur? Please tick									
Online	Bus/transpo	rt   In p	olayground	d In cla	assroor		Outside school	2	Other
Who reported	the alleged Ir	cident:	Please tic	k					
The alleged victim(s)	Other student(s)	Pare	nt/carer	Staf meml	-	Meml wider comm			Other
						Г	7		

Details of the Incident						
Is there evider	aco of an imbala	ance of power in	this incident?			
Yes	ice of all lilibala	ance of power in	No			
	tick the type of	imbalance	110			
Academic Academic	tick the type of	Impararice				
ability	Age	Social/Status	Strength	Size	Other	
Outline any ev	ridence that this	behaviour was	deliberate or pl	anned		
Click or tap here	e to enter text.					
_		m/s, has he/she,				
incidents of bu		alleged perpetr	ator? (If yes, pl	ease give dates,	who was	
Click or tap here	Click or tap here to enter text.					
Is the are relev	ant background	d/history to this	alleged inciden	t?		
Click or tap here	e to enter text.					
Were there any witnesses to this incident? (If yes, identify student names and year						
levels/learning groups) Click or tap here to enter text.						
Describe the in	acident accordi	ng to the witness	ec/c			
Describe the incident, according to the witness/s Click or tap here to enter text.						

Signed: (By teacher listed above)	Click or tap here to enter text.	
Date:	Click or tap to enter a date.	
Where will this incident report be filed for future reference?	Click or tap here to enter text.	
File placement:	Click or tap here to enter text.	