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| **C:\vinny tidy up\25 pound logo\nurney logo jpeg.jpgAppendix 10 Scoil Bhríde**  ***Please return to the relevant Teacher or the School Principal*** | | | | | | | | | | | | | | | | |
| ***Non – Staff Alleged Behaviour Report Form – Informal Stage*** | | | | | | | | | | | | | | | | |
| **Source of Report:**  Tick ✓ as  appropriate | | **Parent** | | | **Pupil** | | | | | **Survey** | | | | | **Other** | |
| Name of Person reporting Alleged Behaviour concern | |  | | | | | Date | | | | | |  | | | |
| Address | |  | | | | | Phone | | | | | |  | | | |
| If pupil, name of pupil reporting Alleged Behaviour concern | |  | | | | | Class | | | | | |  | | | |
| **\*\*\*Please read the following paragraph\*\*\***  **Please be aware that with any allegation or complaint you must read the school’s complaint policy and follow the detailed stages outlined in the school’s complaint policy and procedure stages.**  *I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***(insert your name here)*** *have read in full the school’s complaint policy and have followed the detailed stages outlined in it.*  ***Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | | | | | | | | | | | | | | | | |
| **Details of Alleged Behaviour Incident** | | | | | | | | | | | | | | | | |
| Location of Alleged Behaviour Incident |  | | | Date | | | | | | |  | | | | | |
| Day |  | | | Time of day | | | | | | |  | | | | | |
| Name of pupil targeted, allegedly |  | | | Class | | | | | | |  | | | | | |
| Name(s) and class(es) of pupils engaged in Alleged Behaviour |  | | | | | | | | | | | | | | | |
| **Type of Alleged Behaviour being reported *(****Tick ✓ as appropriate)* | | | | | | | | | | | | | | | | |
| Damage to property |  | | | Cyber Bullying | | | | | | |  | | | | | |
| Isolation/Exclusion |  | | | Intimidation | | | | | | |  | | | | | |
| Name Calling |  | | | Malicious Gossip | | | | | | |  | | | | | |
| Physical (please specify) |  | | | Other (please specify) | | | | | | |  | | | | | |
| **Is this alleged Behaviour Identity based?**  *(Tick ✓ as appropriate)* | | | | **Yes** | | | | | | | **No** | | | | | |
| **If ‘Yes’ please tick the appropriate box** | | | | **Disability/SEN** | | | | **Racist** | **Member of Traveller/Roma Community** | | | | | **Homophobic** | | **Other (please specify)** |
| **Please give details of the Alleged Behaviour and its impact**  **(*Please sign, date and attach extra sheets if necessary or screen shots to this form to give your details of the Alleged Behaviour. Please be as accurate and factual with the detail as you can as the reported details of this Alleged Behaviour may be shown to the other parties involved):*** | | | | | | | | | | | | | | | | |
| **Name of investigating Teacher or**  **Anti-Bullying Coordinator** | | | | | |  | | | | | | | | | | |
| **Action taken in response to this Alleged Behaviour report**  *(please record any survey, interview, promise, intervention, phone-call, consultation with parents, teacher, principal etc. etc. as relevant)* | | | | | | | | | | | | | | | | |
| Date | | |  | | | | | | | | | | | | | |
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| **Signed** | | |  | | | **Date** | | | | | |  | | | | |