**Cause for Concern – Bullying**

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| --- | --- |
| Name of Child  |  |
| Year |  |
| Date of Incident |  |
| Date of Recording |  |
| Name of person filling in this form. Please give role in school / relationship to child  |  |

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| --- |
| Provide details of incident, using the child’s words where possible:  |
|  |
| Is there evidence that this is not an isolated incident? Yes / No |
| If yes, please give details and dates where possible:   |
| Name of SLT Receiving Form:  |