## HOLY EUCHARIST SCHOOL Bullying Record Keeping and Investigation Tool

**Directions:** 





Bullying is a serious offence and is not acceptable in Holy Eucharist School. All school employees are required to report alleged violations and every act of bullying will be duly investigated, and parents/guardians/carers informed.

## The *Bullying Record Keeping and Investigation Tool* is to be used when an alleged bullying incident is reported. This document is to be confidentially maintained in accordance with the *National Catholic Education*

Commission's Privacy Compliance Manual on the CEVN website:

https://cevn.cecv.catholic.edu.au/Melb/Document-File/Polices-Compliance-and-Legal/Privacy/Privacy-Compliance-Manual.aspx

Upon completion, the *Bullying Record Keeping and Investigation Tool* is to be filed in the appropriate student records and the incident entered into the school's database.

| Investigating Teacher/s:  |                                |                    |                                   |   |                             |  |
|---|--------------------------------|--------------------|-----------------------------------|---|-----------------------------|--|
|   |                                |                    |                                   |   |                             |  |
| Name of student/s involved:   |                                |                    |                                   |   |                             |  |
| Date/Time/Location of incident:   |                                |                    |                                   |   |                             |  |
| Was the incident life threatening or was the target a high-risk concern? YES/NO                           |                                |                    |                                   |   |                             |  |
| If YES, immediat  | ely inform the prin            | cipal and as appro | priate:                           |   |                             |  |
| Seek medical assistance   | Inform parent/guardian/ carers | Contact the police | Inform DHS<br>(if<br>appropriate) | Inform the<br>Educational<br>Consultant | Inform the<br>Parish Priest |  |
| If the incident is not life threatening or the child is not a high-risk concern, continue completing this |                                |                    |                                   |   |                             |  |

| Where did the incident occur? Please circle:  |                     |                           |                  |                                  |                  |  |
|---|---------------------|---------------------------|------------------|----------------------------------|------------------|--|
| Online  | Bus/transport       | In playground             | In classroom     | Outside school                   | Other            |  |
| Who reported the alleged incident? Please circle:   |                     |                           |                  |                                  |                  |  |
| The alleged victim/s  | Other student(s)    | Parent/guardian<br>/carer | Staff member     | Member of wider school community | Other            |  |
| Describe the inci   | ident:              |                           |                  |                                  |                  |  |
| Is there concern  | the alleged incider | nt may have been i        | influenced by an | y of the following               | ? Please circle: |  |
| Race/culture  | Beliefs             | Disability                | Gender           | Socio-economic                   | Other            |  |
| Is there any rele   | vant background/h   | istory to this alleg      | ed incident?     |                                  |                  |  |
| What effect is the situation having on the alleged target's wellbeing including self-esteem, physical health, relationships with peers, ability to learn, absenteeism?  Were there any witnesses to this incident: (Identify student names and/or class groups) |                     |                           |                  |                                  |                  |  |
|   |                     | ( ) 3                     |                  | ,                                | ,                |  |

| Description of the incident, according to the witness:                        |   |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| Did this student play an active role in the incident?                         |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| Indicate other investigative proced   | was savial out Places sively                                  |  |  |  |  |  |  |
| mulcate other investigative proced  | ures carried out. Flease circle.                              |  |  |  |  |  |  |
| Interviewed parents/guardians/carers of alleged target/s                      | Interviewed parents/guardians/carers of alleged perpetrator/s | Interviewed parents/guardians/carers of witnesses/bystanders/accessories |  |  |  |  |  |
| Date/Time:  | Date/Time:  | Date/Time:   |  |  |  |  |  |
| Annotations on interview with parents/guardians/carers:                       |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| After investigation, was the allegation of bullying confirmed? Please circle: |   |  |  |  |  |  |  |
| Yes No  |   |  |  |  |  |  |  |

| If No, please sign below and place a copy of this document into student/s' file and refer to schools' Behaviour Management Policy as required. |
|--|
| If Yes, please sign below, place copy of this document into student/s' file and refer incident to the Principal or Principal's delegate.       |
| Signed:  |
| Date:  |
| Where will this incident report be filed for future reference?   |
| Incident Reports are save on the sever (hes-fs1 – Teachers)  |