**PREJUDICE BASED INCIDENT REPORTING AND MONITORING FORM**

developed by Clackmannanshire, Falkirk and Stirling Councils' Education Services for use in education establishments in accordance with the Equality Act 2010 and with the MAHR Strategy to which the Councils are signatories.

**1.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Establishment: | Date: | Time of Incident(s): | Location(s): |
| Complainant(s) | Reported by (if different) |
| Reported to: | Did this form part of a pattern? Yes/No |

**2. Person(s) involved (*including complainants):***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Use initials only to protect confidentiality* | Age | Stage / Year |  Gender M/F | Ethnic Origin | DisabilityY/N | No. of previous concerns recorded |
| complainant |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**3. Nature of Concern/Incident: (Please tick all boxes that apply):**

 **Written or electronic Property (e.g. graffiti, fire raising)**

 **Verbal Social/mental (e.g. isolation)**

 **Physical or sexual Incitement** (including discriminatory insignia,

 racist, sectarian or discriminatory literature)

**Please indicate level of impact on the complainant on a scale of 1 – 4, with 4 the highest level of impact (***this ranking is optional***):**

 **1 2 3 4**

**4. Does anyone involved in the incident, including the complainant, believe that the unwanted behaviour was motivated by any of the following? (Please tick all that apply)\***

 **Race Gender Socio-economic Pregnancy/**

 **Discrimination Maternity**

 **Disability Sexual Religion / Belief Transgender**

 **Orientation Status**

**\*Please provide further information if required**

**5. Action Plan put in place to address the concerns reported**

 (Please provide information in all the boxes that apply)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** *Use initials only to protect confidentiality* | Individual support |  Formal sanction | Restorativemeeting | Circle/group/class discussion | Parentscontacted | Other agencies involved |
| complainant |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**6. Additional information**

**7. Parental involvement**

(Include extent of involvement and endorsement of action taken/planned)

**8. Details of planned follow up/review**

**9. Please indicate any support or advice requested from Education Service**

This Report completed by: ..................................................... .............. Date: ..........................

**10. Education Service Action**

Reviewed by ............................................................. (Education Service)Date ..................