

Appendix 2 - Bullying and Equalities Module on SEEMiS.

Application\Management\Bullying and Equalities\Maintain Incident

Reported to – Member of Staff who reported it

Incident Owner SLT/FH/PTPS

Addressed By - SLT

**Basic Info**

Reported To  ...

Addressed By  ...

Incident Date 25/10/2023

Incident Time  <No Time>

Reported By

Incident Owner  ...

Incident Location

Select

Add names of individuals (pupils and staff) who have experienced and displayed the behaviour

**Alleged Incident**

**Person(s) Experiencing**

Forename	Surname	Age	Stage

Title	Forename	Surname

Other Impacts of Events:

**Person(s) Displaying**

Forename	Surname	Age	Stage

Title	Forename	Surname

Other Person(s) Displaying:

**Nature of Incident**

Select

- Name calling, teased, put down or threatened
- Hit, tripped, pushed or kicked
- Belongings taken or damaged
- Being ignored
- Spreading rumours
- Abusive messages online/phone/gaming/social media
- Targeted because of who they are/perceived to be
- Racism or Racist Incident
- Gender Based Violence
- Other(Please Specify)

Record Impact of Events on person(s)

**Perceived Reasons for Incident**

Select

- Actual or perceived Sexual orientation (e.g. homophobic, bi-phobic)
- Additional support needs
- Asylum seekers or refugee status
- Body Image and physical appearance
- Disability
- Gender identity or Trans identity
- Gypsy/travellers
- Care Experience
- Marriage/civil partnership of parents/carers or other family members
- Mental health
- Pregnancy and maternity
- Race and racism including culture
- Religion or belief
- Sectarianism
- Sexism and gender
- Socio-economic prejudice
- Young carer
- Not known
- Other: please specify

Provide a description of the actual incident

**Incident Detail:**

**Action Progressed**

Action Procedures

Incident Conclusion

Being Addressed

- Being Addressed
- Not Resolved
- Resolved
- Unfounded

Provide Details of the Action Procedures

Select the appropriate conclusion

Log back in to SEEMiS and go to MAINTAIN INCIDENT  
This is required in order to complete the following sections

Persons Experiencing		
Forename	Surname	Action
		None
		None
		None

If action required, choose the appropriate one

**Person Experiencing Actions**

Please choose an action

- Involvement other agency
- Interview
- Letter
- Counselling
- Peer Support
- Agency Involvement
- Other Information
- Parental Involvement

Persons Displaying		
Forename	Surname	Action
		None
		None
		None

Person Displaying Actions

Please choose an action

Referred

Referred

Record serious incident

Exclusion

Remove from register

Involve other agency

Interview

Letter

Counselling

Take Action

Close

If action required, choose the appropriate one

**Monitor/Review**

Reviewer:  ... Due: <No Date> Complete: <No Date>

Person(s) Experiencing	Person(s) Displaying
Do they feel their concerns were listened to? -	Do they feel their concerns were listened to? -
Do they feel satisfied with the outcome? -	Do they feel satisfied with the outcome? -
Parent/Carer are satisfied with the outcome? -	Parent/Carer are satisfied with the outcome? -
Restorative action has taken place? -	Restorative action has taken place? -



Select the appropriate action

**Complete at the time if the situation is resolved. If not update when it is resolved**

Condensed Pupil Incident Report

**Persons Experiencing**

Forename	Surname	Action

**Persons Displaying**

Forename	Surname	Action

**A report can be generated which provides a condensed pupil incident report for the person experiencing and person displaying.**