

RACIST INCIDENT REPORT FORM

To be completed as soon as possible by member of staff/person observing/reporting incident and handed to designated member of senior management team.

Date Time Location

Name of person reporting incident

1. Type of Incident (Please tick all relevant boxes)

- 1. Refusal to work/co-operate with peer
- 2. Verbal abuse:
 - a) names and comments
 - b) ridicule
 - c) threats
 - d) incitement
- 3. Written abuse:
 - a) graffiti
 - b) in/on books etc.
 - c) offensive pamphlets/cartoons
- 4. Physical abuse
- 5. Vandalism/abuse of property
- 6. Organised racist activity:
 - a) badges/insignia
 - b) leaflets & other materials

7. Other (Please specify)

2. Those Involved

Alleged victim/s

Alleged perpetrator/s
(if known)

Witnesses
(if known)

3. Has a written account of incident been provided?

Please tick YES NO

APPENDIX B

Signed (teacher/other adult)..... Date