

*To be filled out by the adult who is the first to know about a (suspected) bullying case
Please tick the relevant bullet points.*

1. Date when bullying was reported:

2. The person (include name) who is reporting bullying:

- ◆ the victim
- ◆ peer of the victim
- ◆ victim's Parent or Carer
- ◆ teacher/staff member
- ◆ someone else

3. Bullied student _____ Class: _____

4. What type of suspected bullying behaviour has occurred? Please give concrete examples about situations.

5. How many times has this occurred? _____

6. When was the last time this occurred? _____

7. How long has this suspected bullying been going on? _____

8. Students who have actively taken part in suspected bullying:

Name _____ Name _____
Name _____ Name _____
Name _____ Name _____

Signed by person completing this form.....Date.....

To be filled out by KIVA Team Only the cases of continuous bullying are further directed to the KiVa team to tackle.

9. On the basis of the information acquired this is:

- ◆ a conflict or a fight between children
- ◆ hurt feelings due to misunderstandings
- ◆ continuous bullying

10. Action regarding the case:

- ◆ Learning Mentor/Manager discusses with the students who have taken part in behaviours mentioned, informs parents and facilitates a restorative conversation
- ◆ The behaviour and conduct of individuals are to be monitored by the Learning Mentor and Manager.
- ◆ Escalated to the KiVa process – Initial Assessment

Signed:

Date: