

## Kincumber Public School

### Please use this form to report an incident of significant concern

e.g. **incident of bullying** (Bullying is repeated verbal, physical, social or psychological behaviour that is harmful and involves misuse of power by an individual or group towards one or more persons), **conflict or fight** (Conflicts or fights between equals or single incidents are not defined as bullying), **very dangerous, aggressive or antisocial behaviour**.

Please continue to report potential hazards by phone **ONLY** on 4369 1544.

Please help us to resolve the problem by answering a few questions.  
When completed, please email to [kincumber-p.school@det.nsw.edu.au](mailto:kincumber-p.school@det.nsw.edu.au) or hand in to the office.

Today's date:	Name and class of student reporting this incident:		
Student/s being reported	Name/s:		
Did this happen to you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If not you, then who?	Name/s:		
Any witnesses?	Name/s:		
Has it happened before?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Same student/students?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Date of incident:			
When did it happen?	<input type="checkbox"/> Before school <input type="checkbox"/> After school	<input type="checkbox"/> In own class <input type="checkbox"/> In other class	<input type="checkbox"/> At lunch <input type="checkbox"/> At recess <input type="checkbox"/> Other
Where did it happen?			
Describe what happened, including any action taken by the person harmed.			
Was it reported to a teacher?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Teacher's name:
<b>Office use</b>			
Date received:			
Referred to:	Name:	Position:	
Recorded on Sentral:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Outcome:			
Parent carer feedback:	<input type="checkbox"/> YES	Date:	