

**ESSEX COUNTY SHORT MAT BOWLS
ASSOCIATION
BOWLING CODES OF PRACTICE**



Bullying Incident Report Form

Location/event:

Date of incident:

Time of incident:

Extortion		Possessions Bowls, shirts etc	
Isolation (being ignored left out)		Forced into actions (against will)	
Physical (being hit or hurt)		Written	
Verbal (name-calling, taunting, mocking, threatening)		Spreading Rumours	
Cyber (On-line, social media, email, text, posting photos/videos)		Other (please specify)	

Names of individuals involved:

		GENDER	AGE	ROLE*
1				
2				
3				
4				
5				
6				

*Role: V Victim R Ring Leader A Associate B Bystander

Where did it occur

Sporting player Area	
Changing Rooms	
Toilets	
Other (specify)	

Are there indications that the incident was motivated by any of the following:			
General appearance/demeanour		Race/ethnic origin	
Disability/SEN		Sexual orientation	
Gender/sexism		Home circumstances	
Religion		Sports ability	

Summary of Incidents:

Action taken Overall (include details if incident was referred on):

With each individual involved : In “Action Taken”, include any sanctions, exclusions, parental involvement, or involvement with external agencies.

Form completed by:	Date: