RACIST INCIDENT REPORT FORM

School Name: _____ Date of Incident: _____

DfE No: _____ Incident No: _____

Please tick box, if this is a **NIL** Return (see guidelines on facing cover) ☐ Who reported Incident? _____

Period covered Autumn ☐ Spring ☐ Summer ☐

1. Time when incident occurred (please tick one box)

Before school ☐	AM Lessons ☐	Breaks ☐	Lunchtime ☐
PM Lessons ☐	After school ☐	Other time (school trip, outings etc.) ☐	

2. Where incident occurred (please tick one box)

Inside school / classroom ☐	Just outside school ☐	Outside playground / sportfield ☐
Away from school e.g. school trip ☐	Travelling to / from school ☐	Other (please specify)

3. Information on those involved

(Please use drop down menus in each box to add in codes. See guidance for Status and Ethnicity codes)

(2a) VICTIMS (use one column for each victim)	**Vict 1**	**Vict 2**	**Vict 3**	**Vict 4**	**Vict 5**
Status					
Year Group					
Ethnicity					
Gender					
Is victim asylum seeker or refugee?					
Previous Victim?					

(2b) OFFENDERS (use one column for each offender)	**Off 1**	**Off 2**	**Off 3**	**Off 4**	**Off 5**
Status					
Year Group					
Ethnicity					
Gender					
Is offender asylum seeker or refugee?					
Previous Offender?					

4. Type of incident (please tick appropriate boxes)

Verbal abuse/name calling, jokes, innuendo ☐	Racist remarks in course of discussion ☐
Ridiculing people because of cultural/religious differences ☐	Racist graffiti/derogatory comments ☐
Attempts to recruit for racist groups/organisation ☐	Physical assault ☐
Bringing racist materials – leaflets etc onto premises ☐	Use of weapons ☐
Refusal to co-operate with other(s) because of religion, ethnicity, language ☐	Other (please specify) ☐

5. Action taken (please tick appropriate boxes)

Victim(s) support	**Dealing with Offender(s)**	**Institutional response**
Provided support using guidelines set out in the school's policy ☐	Dealt with offender using guidelines set out in school's policy ☐	Contacted LEA ☐
No action taken because of inconclusive evidence ☐	No action taken because of inconclusive evidence ☐	Contacted Police ☐
Informed parent/guardian ☐	Informed parent/guardian ☐	Contacted board of governor ☐
Arranged meeting parent ☐	Arranged meeting with parent ☐	Contacted other Department ☐
Issued victim leaflet ☐	Used exclusion procedure ☐	Other institutional response ☐

Signed by (Headteacher) _____ **Date** _____

NB: Please return this form to Cheryl Carter (Tel: 020 8921 8012) via Email at: cheryl.carter@greenwich.gov.uk, Post at: The Woolwich Centre, 35 Wellington Street, Woolwich SE18 6HQ, or Fax at: 020 8921 2227