

Zero Tolerance Policy - Incident Report Form

Name of Academy
Name of person completing form
Date of incident	_____ Time of incident a.m / p.m.
Location of incident

Name of Alleged Perpetrator	Age	Gender (M / F)	Ethnic Group **

Name of Perceived Victim	Age	Gender (M / F)	Ethnic Group **

**** For Ethnic Group – Please use the DfES Ethnicity Codes, provided below:**

White:	<i>British WBRI, Irish WIRI, Traveller of Irish Heritage WIRT, Any Other White background WOTH, Gypsy/Roma WROM</i>
Mixed/Dual background:	<i>White & Black Caribbean MWBC, White & Black African MWBA, White and Asian MWAS, Any Other Mixed background MOTH</i>
Asian or Asian British:	<i>Indian AIND, Pakistani APKN, Bangladeshi ABAN, Any Other Asian background AOTH</i>
Black or Black British:	<i>Caribbean BCRB, African BAFR, Any Other Black background BOTH</i>
Chinese:	CHNE
Any Other Ethnic Group:	OOH

Incident code**	Please give brief details relating to the incident below

Was the incident deemed to be a Racist Incident?	YES / NO
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Action taken:

Is this a repeated offence?
How severe was the incident?

Yes / No
Very / Fairly / Not severe

**** For Incident Code – Please use the Incident Codes provided below:**

Racist comments/language	(RL)	Provocative Behaviour	(PB)	Damage to property	(DP)
Written abuse	(WA)	Ridicule/Ostracism	(RO)	Racist Graffiti	(RG)
Verbal abuse &/or threats	(VA)	Possession/Distribution of Racist Material	(RM)	Physical Assault	(PA)
		Other	(O)		