

Date:

## **Sexual Harassment: Log**

Please store this in a confidential place ensuring data protection

Part A

Reporting member of staff	Position		Mobile number
Students involved:		Victim of Bul	lying:
ase give a description of the i	ncident:		
	nodent.		

To be completed by reporting member of staff and sent to



## Feedback Log

**Part B** To be completed by Assistant Head of School/College, Head of School/ College dealing with the concern.

Your name:	
Date:	
Give details of any	actions and reasons why
Impact	
Give details of the in	mpact of any intervention

Please ensure you have contacted the reporting member of staff to check on their welfare and updated them as appropriate.

