



STUDENT REPORT ON BULLYING

Written by Students for Students

Who was bullied?

Student name: _____ Year: _____

Contact: _____

Reported to: _____ Date: _____

1 // When did the bullying occur? (please tick box)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Before school | <input type="checkbox"/> Between classes | <input type="checkbox"/> Lunchtime |
| <input type="checkbox"/> Recess | <input type="checkbox"/> In class | <input type="checkbox"/> After school |

2 // Where did it occur?

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Oval | <input type="checkbox"/> Corridor |
| <input type="checkbox"/> Basketball courts | <input type="checkbox"/> Toilets/changerooms | <input type="checkbox"/> Canteen |
| <input type="checkbox"/> On the bus | <input type="checkbox"/> On the way to or from school | |

Other _____

3 // Was there an adult in the vicinity? Please name. _____

4 // Was the bullying done by:

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> 1 person | <input type="checkbox"/> 2 people | <input type="checkbox"/> 3 people |
| <input type="checkbox"/> More than 3 people | | |
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Male & female |

5 // Who was the person/people bullying? (full names and Year) _____

6 // Who else was there when it happened? _____

7 // What sort of bullying occurred?

- | | | |
|---|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Verbal abuse | <input type="checkbox"/> Sexual abuse | <input type="checkbox"/> Threats |
| <input type="checkbox"/> Physical assault | <input type="checkbox"/> Exclusion | <input type="checkbox"/> Other |

8 // Explain what happened

Please hand this form to your YEAR COORDINATOR as soon as possible.



INCIDENT REPORT FORM

Sample 2

Date: _____ Student Name: _____

Class: _____ Teacher: _____

(Teacher / Support Staff – reporting incident)

Location of incident _____

Behaviour displayed: **Bullying** **Being bullied**

Physical	Verbal	Emotional
<input type="checkbox"/> Hitting, punching	<input type="checkbox"/> Teasing	<input type="checkbox"/> Exclusion from friends
<input type="checkbox"/> Kicking	<input type="checkbox"/> Name calling	<input type="checkbox"/> Ignoring someone
<input type="checkbox"/> Pinching	<input type="checkbox"/> Insulting someone	<input type="checkbox"/> Making fun of someone
<input type="checkbox"/> Scratching	<input type="checkbox"/> Threatening remarks	<input type="checkbox"/> Stopping someone from joining in
<input type="checkbox"/> Damaging or stealing property	<input type="checkbox"/> Discriminatory remarks	<input type="checkbox"/> Disrupting someone's game
<input type="checkbox"/> Throwing things at someone	<input type="checkbox"/> Lies or nasty stories	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Offensive language	
	<input type="checkbox"/> Other	

Comments _____

Actions taken:

- Shared Concern
- Parents informed

Follow up: _____

Teacher signature _____ Parent signature _____