



# Bullying/Harassment Report

Name of the person completing the form: \_\_\_\_\_

Name of the person being bullied: \_\_\_\_\_

What type of incident do you wish to report? *(Tick the appropriate box)*

- Verbal:** e.g. name calling , causing embarrassment
- Isolation:** e.g. exclusion from your peers
- Physical:** e.g. pushing, hitting, threatening etc.
- Cyber Bullying:** e.g. phone, internet, social media
- Other:** \_\_\_\_\_  
\_\_\_\_\_

How often has it happened? *(Circle)*      Once      Several Times      Every Week      Every day

Where did it happen? *(Circle)*      Classroom      Playground      Email      SMS

Other - please explain \_\_\_\_\_

Describe what happened and name of those involved:

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Have you talked to anyone about this? If so, who?

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If you have been bullied/harassed please nominate a teacher you would like to talk to:

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*You have taken a positive step towards solving the problem by completing this form.  
A staff member will make contact with you soon.*