

We are an anti-bullying school.

**Student Bullying Incident Report Form.**

Please download a copy of this form and complete; responding only to the questions with you feel comfortable and are able to accurately answer.

You may choose to include your name at the bottom of the form or may submit it anonymously.

Please submit this Bullying Incident Report Form to the Principal or to the Office.

Date:

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| Describe what happened or is happening? |
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| When did it happen?  Please circle: Before School during School after School Unsure  Date/s Time .am .pm |

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| Where did it happen?  Please circle: Classroom Canteen Library School Grounds Other |

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| Did anyone else witness the bullying?  Please circle: Yes No Unsure If yes, please list their names. |
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| Were you or others physically hurt?  Please circle: Yes No Unsure Please explain. |
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| Who was committing the bullying? If you don’t know his or her name, please describe him or her. |
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| Who was the victim of the bullying? If you don’t know his or her name, please describe him or her. |
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| Is there damage to anyone’s personal property?  Please circle: Yes No Unsure. If so, please describe. |
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| Have you told anyone about the bullying?  Please circle: Parent Teacher Other School Staff  Brother/sister Other  Name of persons you reported to:  When? |
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| Your details - Name of Person Reporting (Optional)  Telephone/ Email |

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| Staff involved |
| Action taken |
| Parent contacted: Yes/No Date |