Bullying Report Form

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| **Personal Information** | **How can we contact you? Please give details** |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ At School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  At Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  At Youth Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Somewhere Else: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Describe what has happened? | |
| Where did it happen? | |
| Who was doing the bullying? | |
| Did anyone else see it happen? If so who? | |
| Was the bullying a one off incident or is it part of a bigger problem? | |
| How did the bullying make you feel? | |
| Were you physically hurt during this incident? | |
| Did you need medical help? Please explain | |
| Have you told anyone else about the bullying? Yes No  If so who?  Friend Teacher Brother/Sister Youth Worker Parent/Carer  Doctor Nurse Other family member Other: | |
| If you haven’t told anyone else what has stopped you doing so? | |
| What sort of help would you like to stop the bully/bullies | |
| What sort of would you like to support you? | |
| Do you have any worries now that you have reported the bullying? | |