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 NoIf so who?Friend Teacher Brother/Sister Youth Worker Parent/CarerDoctor 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? |