

Bullying and Harassment Incident Report Form

My name is: _____

My Teacher is: _____

I am in Year _____

Today's Date is: _____

Who is bullying you?

If you don't know their name are they a...

Name(s): _____



Boy



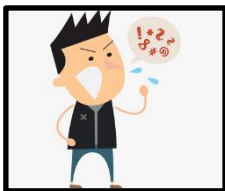
Girl

Where is this happening? (Please circle)

Classroom	Oval	Yard	Lining Up	Toilets	Playground
Sand Pit	Bus	Library	Gym	Courts	Somewhere Else

What type of bullying is it?

VERBAL



PHYSICAL



SOCIAL/EMOTIONAL



CYBER



Have you told this person to stop?

YES/NO

Has this happened more than once?

YES/NO

Have you spoken to an adult about the problem?

YES/NO

In your words, what happened?

What strategies have you tried to get this person to stop?

Please return this form to the front office for a member of leadership to follow up.

Leadership Notes: