

# Bullying Report Form



<b>Your Name:</b>	<b>Your ID Number:</b>
<b>How can we best contact you?</b>	
<b>What happened/what is happening?</b>	
<b>When did this happen?</b>	<b>Where did it happen?</b>
<b>Who was doing the bullying?</b>	<b>Did anyone see it, if yes who?</b>
<b>Was this a one-off incident or is it part of a bigger problem?</b>	
<b>Have you been physically hurt? If yes, can you describe this?</b>	
<b>How does the bullying make you feel?</b>	
<b>What would you like to happen to stop the bullying and to put this right?</b>	
<b>Do you have any worries now you have reported the bullying?</b>	