

[Name of school, college or academy]

SAMPLE BULLYING REPORT FORM

This form when completed should be sent to, posted or handed to *[name and contact details of the member (s) of staff]*

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| Name of person completing form: <i>(schools may want to allow for anonymous reporting)</i> |
| Name of pupil(s) being bullied: |
| Year Group / Form Group: |
| Male/Female: |
| How can we contact you? At school: Yes/ No At home: Yes/ No Email: Yes/ No Telephone: Yes/ No Please provide contact details: |

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| Describe briefly what happened/ is happening: |
| Where did it happen? |

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| When did it happen? |
| Who was doing the bullying? If there was more than one person involved what were their roles? |
| Did anyone else see it happen, if so who? |
| How often is the bullying taking place? |
| How long has it been going on? |

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| If you are being bullied how does it make you feel? If you are reporting bullying that is happening to someone else how do you think it makes them feel? |
| If you are being bullied are you being physically hurt? If you are reporting bullying that is happening to someone else are they being physically hurt? |
| As a result of the bullying have you or those being bullied needed medical help? |
| Have you told anyone else about the bullying? Please write their name next to who they are in the list below: Parent/carer: Brother/sister: Other family member: Friend: Teacher: |

Key worker:

Youth worker:

Doctor/nurse:

Police / Community Support Officer:

Other (please say who):

If you haven't told anybody else, what has put you off doing so?

If you are being bullied what sort of help and support would you like? *(Schools might add some suggestions)*

Do you have any worries now that you have reported this bullying?