



## Harassment/Bullying Notification

Name: \_\_\_\_\_

Year: \_\_\_\_\_ Date: \_\_\_\_\_

### Please tick box

Where did the harassment/bullying take place?

In class    In the playground    On the way to/from school

Was there more than one person involved?

Yes    No

Was the harassment/bullying  Verbal    Physical

What is/are the name/names of those involved in the bullying?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What did he/she/they say/do to you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What did you say/do to him/her/them?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this occurred before?    Once    Sometimes    Often    Always

What consequences do you want from the harassment?

Offence recorded    Peer mediation    Counselling    Parent Contact

Executive detention    Suspension

Comment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

