



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 Meeting with Principal

Comment:

