

Children's Bullying Report Form



Name:

Date of incident:

(Tick one box) I am the:

Victim (I am the person who was bullied)	
Witness (I saw what happened but was not involved in bullying)	
Perpetrator (I am the person that did the bullying)	

The incident:

Where did it happen?

In classroom	
Cloakroom	
Toilet	
Playground	
Dinner Hall	
Other (write where)	

Who was there and what did they do? (You don't have to fill in all of the boxes)

Name of person	What they did
1.	
2.	
4.	
5.	
6.	

Now hand this form to your class Anti-Bullying Representative or to an adult in school.