

Sample
Bullying report form



www.safenetwork.org.uk

Age:

Sex:

Name*:

1. How can we contact you (e.g. at home/at school/email/telephone)?*
2. Describe what happened/is happening.
3. Where did it happen?
4. When did it happen?
5. Who was doing the bullying?*
6. Did anyone else see it happen, and if so who?*
7. Was the bullying a one-off incident or part of a bigger problem?
8. How did the bullying make you feel?
9. Were you physically hurt during the incident?
10. Did you need medical help?
11. Have you told anyone else about the bullying?

Friend	Teacher
Brother/sister	Youth worker
Parent/carer	Doctor/nurse
Other family member	

Other (please tell us who)

12. If you haven't told anybody else, what has put you off doing so?
13. What sort of help would you like to stop the bullying (e.g. someone to speak to the bullies and monitor the situation to ensure it doesn't get worse)?
14. Do you have any worries now that you have reported the bullying?