

## WITNESS REPORT SHEET ON BULLYING

You do not have to give your name if you do not want to but it will help us to investigate the problem if you do.

Today's date \_\_\_\_\_

Tick the boxes that tell us what happened.

Today I have seen someone -

<input type="checkbox"/>	Being called names
<input type="checkbox"/>	Being pushed
<input type="checkbox"/>	Being told they will be hit
<input type="checkbox"/>	Being hit
<input type="checkbox"/>	Being kicked
<input type="checkbox"/>	Having some things taken or broken
<input type="checkbox"/>	Being told to give someone their snack
<input type="checkbox"/>	Being told to give someone their money
<input type="checkbox"/>	Having their work spoiled by someone
<input type="checkbox"/>	Being frightened by a group

If something else happened that is not on the list, tell us here

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How many people were involved? \_\_\_\_\_

Were they boys, girls, or both boys and girls? \_\_\_\_\_

Where did it happen? \_\_\_\_\_

Have you seen this happen before? \_\_\_\_\_

Have you told anyone else? \_\_\_\_\_

Do you want to talk to someone about it? \_\_\_\_\_

If you want to talk to someone, write your name here:

Name \_\_\_\_\_ Form \_\_\_\_\_

Please can you name the bullies and the victim? \_\_\_\_\_

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