



Newtown Public School
Student Bullying Reporting Form

Please complete this form, responding to the questions you feel comfortable with and are able to answer accurately. You may choose to submit your name at the end or you may choose to remain anonymous

Please submit this form to the Principal, Assistant Principal or the school office.

Describe what is happening or what has happened.			
When did it happen?			
Before school <input style="width: 50px; height: 20px;" type="checkbox"/>	During school <input style="width: 50px; height: 20px;" type="checkbox"/>	After school <input style="width: 50px; height: 20px;" type="checkbox"/>	
Unsure <input style="width: 50px; height: 20px;" type="checkbox"/>	Date <input style="width: 100px; height: 20px;" type="text"/>	Time <input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
Where did it happen?			
In a school building	List specific room <input style="width: 100%; height: 20px;" type="text"/>		
At a school event	List specific event <input style="width: 100%; height: 20px;" type="text"/>		
Other	Please specify <input style="width: 100%; height: 20px;" type="text"/>		
On the way to school <input style="width: 50px; height: 20px;" type="checkbox"/>	On the playground <input style="width: 50px; height: 20px;" type="checkbox"/>	Online <input style="width: 50px; height: 20px;" type="checkbox"/>	Unsure <input style="width: 50px; height: 20px;" type="checkbox"/>
Who was committing the bullying? If you are not sure of their name please try to describe the student.			
Who was the victim of the bullying? If you are not sure of their name please try to describe the student.			

Did anyone else witness the bullying?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Unsure <input type="checkbox"/>			
Names of witnesses:			
Have you told anyone else about the bullying? If so, who?			
Your details:			
Name of person reporting	Telephone	Email	
I am a:			
Student	Staff member	Parent/Carer	Other please specify
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>To be completed by school staff only</i>			
Action taken:			
Follow up:			
Informed supervisor	Informed parents	Recorded in momentum	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Informed class teacher	Informed reporter	Scanned and filed form	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name & Signature	Date		

