



# Bully Box Note

(You may like to ask someone to help you complete this form)

Your Name: \_\_\_\_\_ Class: \_\_\_\_\_ Date: \_\_\_\_\_

Have you been bullied?  Yes  No

Are you concerned someone else is being bullied?  Yes  No

Who? \_\_\_\_\_ Class? \_\_\_\_\_

By Who? \_\_\_\_\_ Class? \_\_\_\_\_

## Where?

Playground  Classroom  Cyber  Other \_\_\_\_\_

## How often does it happen?

Once  Twice  Sometimes More  All the time

## Who have you told?

A friend  My teacher  Another teacher  My carer  No one

## What's happening?

Physical Bullying  Verbal Bullying  Emotional/Social Bullying

Detail:

## What would you like to happen?

Detail:

.....  
**Staff member completing this form**

Name \_\_\_\_\_ Date: \_\_\_\_\_

Action:

Action may also be taken by the Learning and Support Team, School Counsellor or Principal.

Information entered on Sentral - Yes  Date \_\_\_\_\_ Not necessary