

KILLALOE PUBLIC SCHOOL
Confidential Bullying Report

Please check the best answers that describe the incident.

- Did the incident happen to you? Yes No
- Did you witness the incident? Yes No
- Did others witness the incident? Yes No Who? _____
- Did the incident happen in the past 5 days? Yes No
- Has this happened more than one time? Yes No
- Where did the incident happen? Schoolyard Classroom
Other _____ Bus
To and from school
- When did the incident happen? _____

What type of bullying was experienced?

PHYSICAL

- Pushing, Tripping, Hitting
Damaging or stealing property

SOCIAL

- Excluding someone from play
Gossiping, rumours

RACIAL

- Telling racist jokes
Saying negative things about one's culture

RELIGIOUS

- Disrespecting one's religion

DISABILITY

- Jokes about someone with a disability
Excluding someone with a disability

VERBAL

- Name calling, teasing
Insulting, Threatening

ELECTRONIC

- Social Networking
Texting E-Mail

SEXUAL

- Sexual jokes about someone
Unwanted sexual attention
Touching in a sexual way
Name calling (gay, lesbian)

INCOME

- Making jokes about others based on money
(clothes, housing, saying they are poor)

- Have you talked to an adult about the incident? Yes No
- Would you like to talk to someone at school about this? Yes No
- Who would you like to talk to about this? Principal , Teacher , School Support Counsellor
- If you wish to talk to someone at school please write your name here. _____

OPTIONAL

If you would like, it may be helpful to write a few details about what happened.
