



KJHS Bullying Concern Form



1. Name of pupil or pupils reporting alleged bullying behaviour-

Class _____ Form Teacher _____

2. Name (or description if name is unknown) of pupil or pupils involved in the alleged bullying behaviour.

Class, if known _____

3. Is this behaviour targeted at you? Circle Yes or No

4. Description of what has happened

5. Has it happened before? Circle Yes or No

If yes, how many times? Circle 2 times 3 times 3+

Date received by Form Teacher:

6. Where did it happen? Circle

Playground Classroom Lunch Hall Toilets Corridor

On way to school On way out of school Out of school

Other (please specify) _____

7. Were there any witnesses? Circle **Yes** or **No**

Names _____

8. What, if anything, have you done about it already?

Comments from parents:

Parent signature _____ **Date** _____

Bring the completed form back to your Form Teacher without delay. He/she will work with you and your parents to address the issues you have raised and to help make things better for you.

At Killicomaine we believe all forms of bullying behaviour are unacceptable. We understand that everyone in our school community has a role to play in taking a stand against bullying and creating a safe and welcoming environment for all.

Date received by Form Teacher: