Bullying/Harassment Form

Type: □ Cyber-bullying □ Bullying/Harassment

Person(s) reporting the incident:                      Person(s) involved in the incident:

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<th>Name</th>
<th>Year Level</th>
<th>Name</th>
<th>Year Level</th>
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Details of incident
1. Where it occured? ______________________________________________________

2. When it occurred? ______________________________________________________

3. How long has it been happening? _______________________________________

4. Has it been reported before?
   □ Yes...who to? ___________________________________________ □ No

Further details:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. **Choice of action:** (please choose)
   □ YLC/teacher formally speaks to offender(s) → Bullying/Harassment Stops
   □ YLC/teacher facilitates a formal meeting with all people involved → Bullying/Harassment Stops
   □ Counselling Session organised
   □ Other

   Details: (to be filled in by YLC- can include details from interview with offender(s), the consequences issued, etc)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

YLC Use Only – Check List

□ Email caregroup teacher and class/subject teachers
□ Upload form to SEQTA and place hardcopy in student file
□ Contact parents