# Big Voice London Bullying Report Form

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| --- | --- |
| Name |  |
| Age |  |
| Gender |  |
| How can we contact you? Please tick and write in the phone number or email address. | At home, At school, Email, Telephone |
| Describe what happened/is happening: |  |
| Where did it happen? |  |
| When did it happen? |  |
| Who was doing the bullying? |  |
| Did anyone else see it happening and if so, who? |  |
| Was the bullying a one-off incident or part of a bigger problem? |  |
| How did the bullying make you feel? |  |
| Were you physically hurt during the incident? |  |
| Did you need medical help? |  |
| Have you told anyone else about the bullying? Please write their name next to who they are in the list to the right of this column: | Parent/carer:  Brother/sister:  Other family member:  Friend:  Teacher:  Key worker:  Youth worker:  Doctor/nurse:  Other (please say who):  If you haven’t told anybody else, what has put you off doing so? |
| What sort of help would you like to stop the bullying? (e.g someone to speak to the bullies and monitor the situation  to ensure it doesn’t get worse) |  |
| Do you have any worries now that you have reported the bullying? |  |