



'I want to be safe' Report

Name of the person completing this form:	Date:
Name of the person/s who make me feel unsafe:	Do you want school support in addressing the issues? Yes / No / Unsure

I feel unsafe because I am experiencing people demonstrating the following behaviours
(tick the appropriate box/es)

- Verbal:** e.g. name calling, causing embarrassment
- Isolation:** e.g. exclusion from your group
- Physical:** e.g. pushing, hitting, threatening etc
- Cyber bullying** e.g. phone, internet, social media
- Other** _____

When did the first actions/behaviours start?

When was the last time these actions/behaviours were directed at you?

How often has it happened to you? (Tick the appropriate box/es)

- | | |
|----------------------|------------------------|
| Once a day | Every night |
| Several times a day | Several nights a week |
| Several times a week | On the weekends only |
| Once a week | Weekends and week days |

Where does it happen?

- | | |
|---------------------------------|---------------------------|
| Classroom | SMS |
| Playground | On the bus |
| Emails | Coming to and from school |
| Social media – name sites _____ | |
| Other – please explain _____ | |

Describe what happened and name those involved:

Have you talked to anyone about this? If so, who? (*Tick*