

**Bullying report form**  
**Abergavenny Orchestral Society**

Name:

Age:

Male/Female

How can we contact you? Please tick and write in the phone number or email address.

At home     At school     E-mail     Telephone

Other:

Describe what happened/is happening:

Where did it happen?

When did it happen?

Who was doing the bullying?

Did anyone else see it happen 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 below:

Parent/carer:

Brother/sister:

Other family member:

Friend:

Teacher:

Designated Safeguarding Lead:

Deputy Designated Safeguarding Lead:

Conductor:

Chairman:

Youth worker:

Doctor/nurse:

Other (please say who):

If you have not told anybody else, what has put you off doing so?

What sort of help would you like to stop the bullying? (eg someone to speak to the bullies and monitor the situation to ensure it does not get worse)

Do you have any worries now that you have reported the bullying?