

# Bullying Referral Form

Why is the action bullying? (Please tick)

Deliberate

Repeated

To hurt specific people or person

Is an abuse of power

Name of the person/people getting bullied: .....

Name of the bully/bullies: .....

Your name (you don't have to write this down): .....

Time and date: ..... Place: .....

Who saw it: .....

What type of bullying was it?

psychological

verbal

physical

online

social

emotional

What happened?

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