

HASSLE LOG

Speak up Against Bullying

(Reporting of harassment or bullying behaviours)

Name:	Year:
Date Reported:	Incident Date:
Reported to:	
Date completed log submitted to YA:	
Date completed log placed on student file:	
Incident Details	
Where did the incident occur: <i>(please tick)</i>	
<input type="checkbox"/> on my way to school	<input type="checkbox"/> before roll call
<input type="checkbox"/> in the classroom	<input type="checkbox"/> recess
<input type="checkbox"/> in the canteen line	<input type="checkbox"/> sport
<input type="checkbox"/> on my way home	<input type="checkbox"/> playground area
<input type="checkbox"/> other
<input type="checkbox"/> on the bus	<input type="checkbox"/> class time Period:
<input type="checkbox"/> lunch time	Class:
<input type="checkbox"/> waiting for the bus	<input type="checkbox"/> Between classes:
<input type="checkbox"/> waiting for the bus	Periods: &

How did the incident occur: *(please tick)*

<input type="checkbox"/> name calling of me or my family/friends	<input type="checkbox"/> being followed
<input type="checkbox"/> threats to me or my family/friends	<input type="checkbox"/> receiving dirty looks
<input type="checkbox"/> damage or theft of my property	<input type="checkbox"/> deliberately being left out or ignored
<input type="checkbox"/> receiving malicious notes, emails, text messages	<input type="checkbox"/> inappropriate gestures to/or about me
<input type="checkbox"/> forced to do something I didn't agree with	
<input type="checkbox"/> photos or videos taken of me and/or spread around without my permission	
<input type="checkbox"/> physical violence (hitting, shoving, kicking, tripping, poking, scratching, spitting, punching)	
<input type="checkbox"/> other	

Who were the student/s involved:

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PLEASE GIVE A DETAILED ACCOUNT OF WHAT HAPPENED



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Follow up/Reflection: (how I acted)

What I did:

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How I managed myself: poorly could do better okay really well

To manage myself better I could

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What I would like to happen:

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Teacher follow-up:

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Date entered onto SENTRAL

Please sign here:

Teacher _____ Student _____

