STUDENT Concern Report

To be completed in student’s own time, and then consult with your classroom teacher or appropriate staff member

Student making the report: ___________________________ Date: ________________________

Name of the person/s who are the concern: ________________________________________________________

Have you talked with your Teacher:  YES □     NO □

What is the concern?  Bullying □  Violence □  Swearing □  Teasing □  Other □

WHAT happened? ________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

WHERE and WHEN did it happen? ________________________________________________________________

WHO else saw this happen? _________________________________________________________________

How have you tried to solve the concern? _____________________________________________________________
______________________________________________________________________________________________

What would you like to have happen to fix the concern? _________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

What help would you like and who would you like to support you?

Student signature: _____________________________________

Class Teacher name: ____________________________________ Signed: ______________________________

ADULT TO COMPLETE

Date Received: ________________________

Action:

Signature: ________________________ Further Action Required:  ✓ x Date: ________________________

Copy to:  Principal □  Student File: □  Parent: □  Further Action Completed:  ✓ x