

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

