

# Bullying and Harassment

## Reporting Form

Date of incident/when did it happen: .....

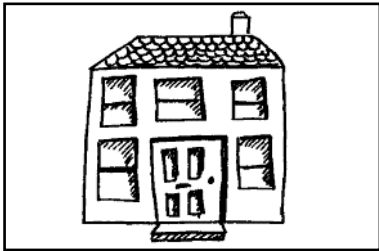
Today's date:.....

Please tell us your name if you have been bullied or hurt:



My name is: .....

Please tell us where you live:



Number/House Name: .....

Road: .....

Town: .....

County:..... Postcode: .....

My telephone number is:



Day time: .....

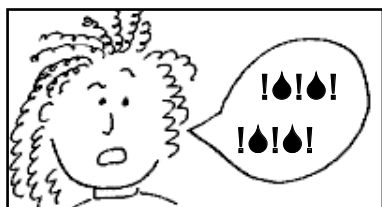


Evening time: .....

# Tell us about it?

## Part 1 - What happened to you?

To tell us about what happened, answer the questions by ticking the right boxes.



I was called names.



I had people laugh at me.



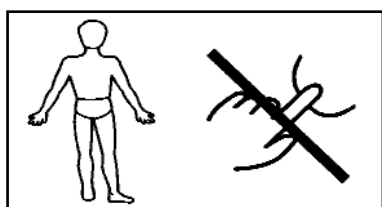
I was sworn at.



I had something stolen.



I was hit or kicked.

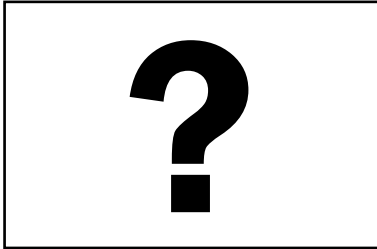


I was touched in a way I didn't like.

# Tell us about it?



I had something thrown at me.



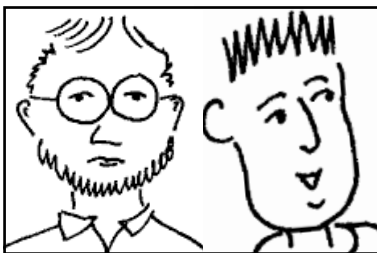
Or was it something else?  
Please tell us

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## Part 2: Who did this to you?



One person.



Two people.



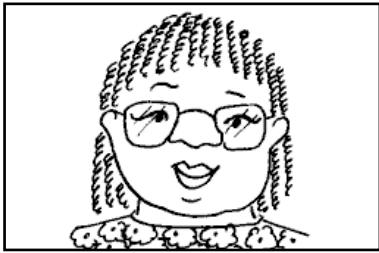
A group of people.



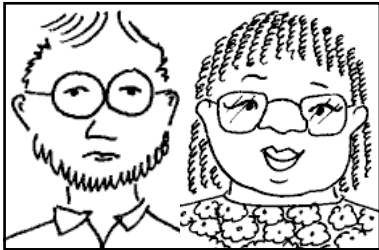
Was it a man?

# Tell us about it?

## Part 2: Who did this to you?



Was it a woman?



Were there both men and women?



Were they adults?



Were they teenagers?



Were they children?

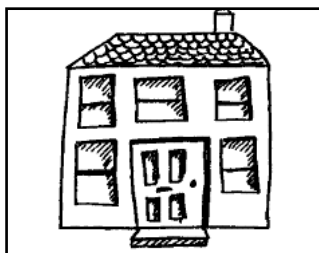
Do you know their names?  
If you do, what are their names?

Yes

No

# Tell us about it?

## Part 2: Who did this to you?



Do you know where they live or work? Yes  No

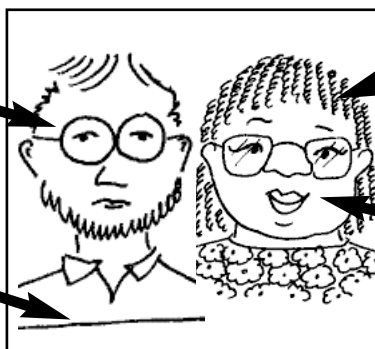
If so, where? .....

Have they done this before? Yes  No

Tell us what the person or people look like

Did they wear glasses?

Yes  No



Hair colour

.....

What were they wearing?

Skin colour

.....

Is there anything else you can tell us? .....

.....

.....

.....

.....

.....

Did anyone else see this happen? Yes  No

Who were they? .....

.....

# Tell us about it?



## Part 3: Where Did It Happen?



On the street?  
Which street?



In the park?  
Which park?



The cinema/theatre  
Which cinema/theatre?



The pub or club  
Which pub or club?



The shops  
Which shops?

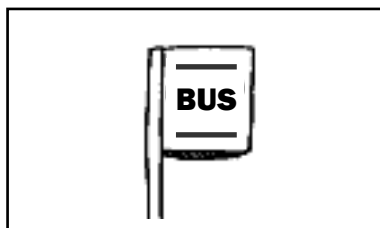


The Sports Centre  
Which Sports Centre?

# Tell us about it?



## Part 3: Where Did It Happen?



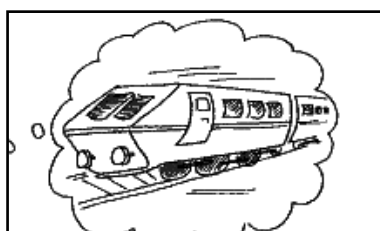
At the bus stop  
Which bus stop?

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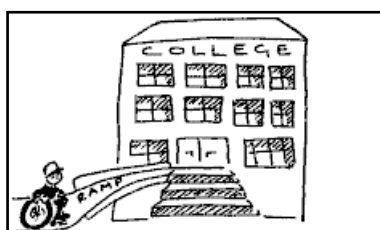
On the bus  
Which bus?

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On the train or at the station  
Which train or at which station?

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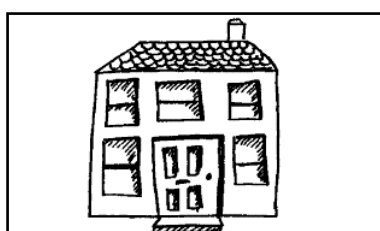
At college  
Which college?

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At a day centre  
Which day centre?

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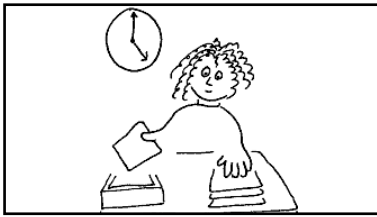


At home

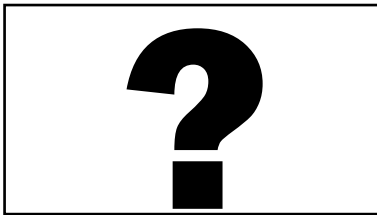
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# Tell us about it?

## Part 3: Where Did It Happen?

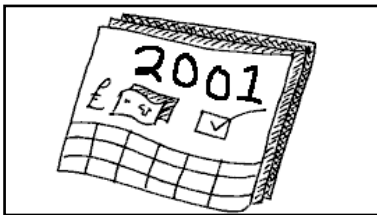


At work?



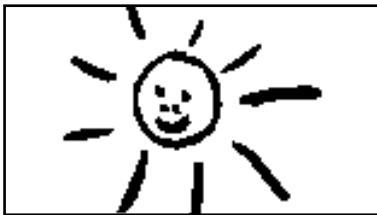
Any other place?

## Part 4: When Did It Happen?



What was the date?

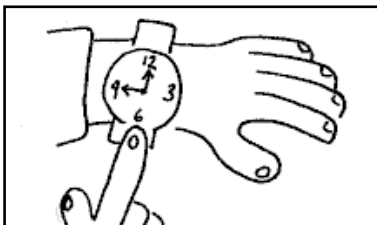
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Day time



Evening/night time



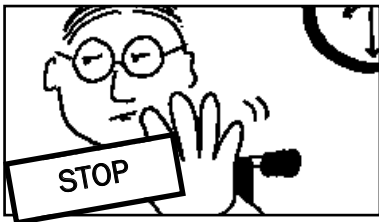
What time did it happen?

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# Tell us about it?



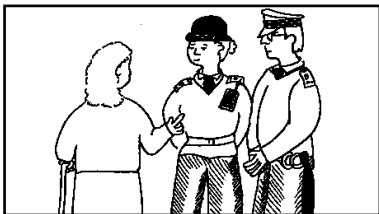
## Part 5: What have you done about it?



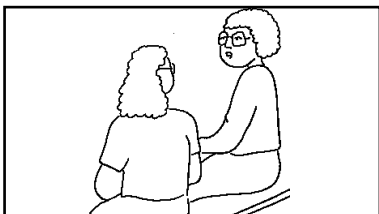
I told the person or people to stop.



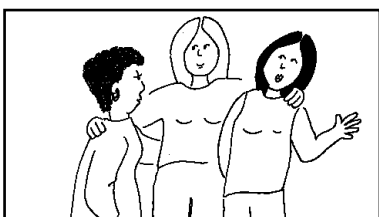
I did not do anything.



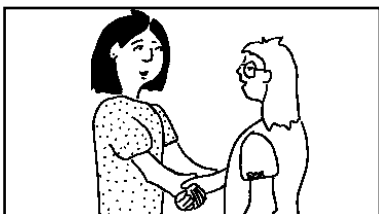
I told police.  
Which police officer or station?



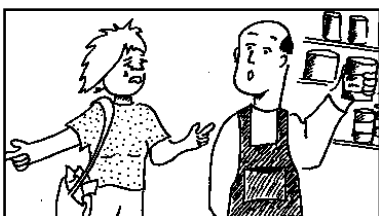
I told a friend.  
Who?



I told a member of my family.  
Who?



I told my key worker or another  
member of staff  
Who?



I told somebody else.  
Who did you tell?

# Tell us about it?

Is this information correct?

Yes

No



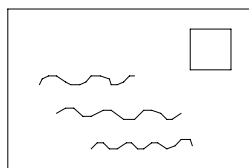
Please sign here .....

Today's date .....



**Please take or post this form to:**

Bournemouth Police

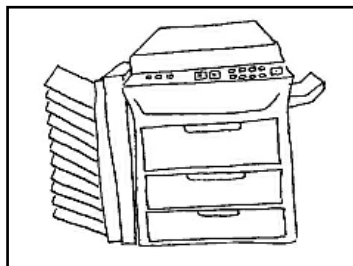


Community Crime Investigation Team (CCIT)

Bournemouth Police Headquarters

5 Madeira Road, Bournemouth, BH1 1QQ

Or you can give it to the person who supports you.



You may want to keep a copy of this form for yourself.

# Further Information

Is anyone helping you to fill in this form?:

Yes

No

 If YES, you can ask them to fill in the rest of the form (see guidance notes).

# Further Information

Name: .....

Occupation: .....

Address: .....

.....

.....

.....

Telephone Number: .....

Email: .....

Fax Number: .....

What action have you taken so far?

.....

.....

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.....

.....

.....

Signature: .....

Date: .....

# To be completed by the Community Crime Investigation Team

Date form received: .....

Action taken: .....

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.....

.....

Signature: ..... Agency stamp

If you want more information about this form contact:  
Community Development on 01202 451165 or Bournemouth Forum on 01202 303765

*With thanks to the People in Partnership Group from Welwyn Garden City, Herts who originally produced this form.*

Bournemouth Forum  
INDEPENDENT SPEAKING UP GROUP



**MENCAP**  
Understanding learning disability