TURRAMURRA
HIGH SCHOOL

'I want to be safe' Report

Name of the person completing this form:	Date:
Name of the person/s who make me feel unsafe:	Do you want school support in addressing the issues? Yes / No / Unsure

I feel unsafe because I am experiencing people demonstrating the following behaviours (*tick the appropriate box/es*)

- ☐ **Verbal:** e.g. name calling, causing embarrassment
- ☐ **Isolation:** e.g. exclusion from your group
- ☐ **Physical:** e.g. pushing, hitting, threatening etc
- ☐ **Cyber bullying** e.g. phone, internet, social media
- ☐ **Other** _____

When did the first actions/behaviours start?

_____

When was the last time these actions/behaviours were directed at you?

_____

How often has it happened to you? (*Tick the appropriate box/es*)

- ☐ Once a day
- ☐ Several times a day
- ☐ Several times a week
- ☐ Once a week
- ☐ Every night
- ☐ Several nights a week
- ☐ On the weekends only
- ☐ Weekends and week days

Where does it happen?

- ☐ Classroom
- ☐ Playground
- ☐ Emails
- ☐ Social media – name sites _____
- ☐ Other – please explain _____
- ☐ SMS
- ☐ On the bus
- ☐ Coming to and from school

Describe what happened and name those involved:

_____

_____

_____

_____

_____

_____

Have you talked to anyone about this? If so, who? (*Tick the appropriate box/es*)

- ☐ teacher If yes, please name _____
- ☐ Student leader If yes, please name _____
- ☐ Parent or family member If yes, please name _____
- ☐ Friend If yes, please name _____
- ☐ Other If yes, please name _____

Have you tried to make this feeling of being unsafe stop? Tick the box/es if you have.

- ☐ Ignore
- ☐ Talk to and try and sort it out with another person/s
- ☐ Told someone not involved and talked about it
- ☐ Other – please explain _____

Because you are feeling unsafe, how is it affecting you? (*Tick the appropriate box/es*)

✓	What do you feel?	Never	Sometimes	Always
	I do not want to come to school			
	I cannot go to sleep at night			
	I wake up in the night and cannot go back to sleep			
	I feel sick when I am on the way to school			
	I feel sad			
	I cry at night in bed so no one hears me			
	I feel sick at school			
	I want to sleep all the time			
	I think about the person / what they do all the time			
	I cannot concentrate on assignments, homework and study at home			
	I cannot concentrate in class because I feel scared			
	I cannot concentrate in class because I feel angry			
	Other: _____			

You have made a positive step towards solving the problem by completing this form. You can hand this form into your Year Adviser or email to dave.merrick@det.nsw.edu.au Your Year Adviser, Head Teacher Welfare or Deputy Principal will be in contact shortly.