## Anti-bullying Box



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www.canowindra-h.schools.nsw.edu.au		ECH SCH
Name:	Year:	
Are you someone that:		
has been bullied		
witnessed someone else being bullied		
What happened?:		
Who else has witnessed this happening?		

What would you like to see happen as a result of this being reported? (you may choose more than one):

A student mentor/teacher to talk to me about it please name if you have a preference:

Someone to act on this report please name if you have a preference:

Nothing, I just wanted to report it.

I would like my name to remain confidential.

## What should I do with this form?

- Place it in the Anti-bullying Box located near each Year Adviser
- Give it to any staff member
- · Leave it at the front office
- Email it to canowindra-h.school@det.nsw.edu.au