



NO BULLYING AT MOUNT VIEW HIGH SCHOOL

Mount View High School Notification of Student Harassment

Name:

Check-In:

Form of Harassment:

Name calling

Physical pushing

Deliberate exclusion from group

Physical hitting

Physical threats

Social media:

Brief description of the harassment (when and how does this harassment occur):

Names of person / people causing harassment:

NAME	YEAR GROUP	NAME	YEAR GROUP

Names of person / people who have witnessed this harassment:

What things have you tried to help solve the harassment?

Student Signature:

Date:

Teacher follow-up and possible action/s (please tick those actions you have completed):

E.g. verbal/written apology; detention; time out - in school or room

Peer Mediation

Counsellor Referral

Talk to other students

DP / HT referral

Year Adviser referral

Other:

Student/Teacher mediation

Parent contact

Comments / Resolution:

Teacher Signature:

Date:

Please ensure this form is given to Head Teacher Wellbeing for uploading to SENTRAL