

# TAKING THE BULLY BY THE HORNS

## Students Diary



**Your Name:..... Your Address:.....School.....**

**Your Contact Number: ..... Class:.....**

**Please complete this incident diary**

It is advisable that you provide as much accurate information as you can on this form. This is your own record of what you have gone through/witnessed. This form should be filled in the sheet as soon as possible after the incident when it is fresh in your mind. Kindly provide as much information as possible.

- Location – If you are not familiar with the actual location, include as much information as you can. For example near **ABC's** on Y road
- Make a point to identify people involved on every occasion. If you are not familiar with the name of the people but can describe them or know their nickname, write that down.
- Say what actually happened. For example you should include real swear words in full if you have witnessed these. This gives a better understanding of what happened and can be powerful evidence at court.
- It is advisable that you include your feeling and how the incident has affected your normal life – for example if it has made you feel horrific, scared, depressed, or has stopped your children playing out in the street.
- If there were any other witnesses include their name – and name and address if you know it.

If more than one student in your company is completing the diary forms, then each person should use a separate form.

Please contact your school counsellor or administrator if you need help or when you have completed this form.

Thank you for taking the time to complete this incident diary. We need your help to identify perpetrators of a bullying behaviour and your evidence is important.

Date of incident and time it started and finished	Where did the incident occur	What happened?	Who did it? Do you know names or can you describe people?	Were there any other witnesses?	Have you reported the incident and if so to whom? Is there a reference number	Please tell us how the incident has affected you, how you felt about it

Date of incident and time it started and finished	Where did the incident occur	What happened?	Who did it? Do you know names or can you describe people?	Were there any other witnesses?	Have you reported the incident and if so to whom? Is there a reference number	Please tell us how the incident has affected you, how you felt about it

Date of incident and time it started and finished	Where did the incident occur	What happened?	Who did it? Do you know names or can you describe people?	Were there any other witnesses?	Have you reported the incident and if so to whom? Is there a reference number	Please tell us how the incident has affected you, how you felt about it

Date of incident and time it started and finished	Where did the incident occur	What happened?	Who did it? Do you know names or can you describe people?	Were there any other witnesses?	Have you reported the incident and if so to whom? Is there a reference number	Please tell us how the incident has affected you, how you felt about it

Date of incident and time it started and finished	Where did the incident occur	What happened?	Who did it? Do you know names or can you describe people?	Were there any other witnesses?	Have you reported the incident and if so to whom? Is there a reference number	Please tell us how the incident has affected you, how you felt about it



Please visit [www.imind.ca](http://www.imind.ca) for further help with bullying challenges

Also, please email any practical anti-bullying solution ideas that you, your friends or your family have to: [info@imind.ca](mailto:info@imind.ca)

Thank you

**Author:** Faith Wood, CH, TNLP  
[www.imind.ca](http://www.imind.ca)  
[faith@imind.ca](mailto:faith@imind.ca)  
403.461.3498