



Bikes Against Bullies Support Form

Child's Name:

Date:

Parent/Guardian name:

Email

Location of incidents (ie. School, local park etc.)

Types of Bullying (verbal, physical, cyber):

Injuries:

Frequency of bullying:

School action (please tell us what steps school/college have taken):

Police action (please tell us what steps school/college have taken):

Please use this space to tell us any further relevant information: