**Bullying, Abuse and Neglect**

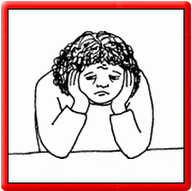
**Easy Read Reporting Form**

****

**Fill in this form to tell someone if something bad has happened to you or someone else.**

**Do not fill in this form in an emergency.**

**If you need help quickly call 111 and ask for the Police**

**Report it here**

**Please tell us:**

Your name ………………………………………..

****

Where you live ….………………………………..

 ……………………………………………………….

……………………………………………………….

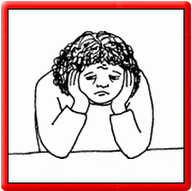
Your phone numbers**** ..……………………………

………………………………………………………

Reference Number: ………………………………… Date of Incident: ...…………………………………….

Date of Report: …………………………………… Person taking Report: …………………………… …

Agency reported to: ……………………………………………………………………………………………….

**How do you know about the abuse?**

** Tick the box that is right for you**

1. **Has something bad happened to you?**

I am a victim. This means it happened to you.

1. **Has something bad happened to someone else?**

I am a witness. This means that you saw or heard

it happen to someone else.

1. **Has someone asked you to report it for them?**

I am a third-party reporter.

1. **Has someone told you about what happened and you**

**want to report it ?**

**Did the person who asked you to report it, or who told you what happened say it is okay for you to tell people their name?** If they said “yes” please write it here:

Their name is: …………………………………………………………………………………………………………………

You can contact them at: …………………………………………………………………………………………………

Their phone number is: …………………………………………………………………………………………………............................

**To tell us about what happened you can:**

* ****answer the questions by ticking the box. You may need to tick more than one box in each part.



* write down what you want to say on the blank pages. It is best to use your own words to say what has happened if you can.
* draw what you want to say on the blank pages.
* ask someone to support you to fill in the form.

**What you say is confidential.**

**Confidential means:**

It is up to you to say who can look at this form.

This form will only be shown to other people if:

* the law or a Judge says so
* you or someone else is in danger.



**This Reporting Form has 5 Parts**

On **pages 5 to 27** there are questions for you to answer about:

1. **What** happened?
2. **Where** did the abuse happen?
3. **Who** did the abuse?
4. **When** did the abuse happen?
5. **What** to do next.





**Keep a copy of your report.**

You can photocopy the form

or ask someone to make a copy for you.

**Part 1: What happened?**

**What did they say? Tick the box that says what happened**

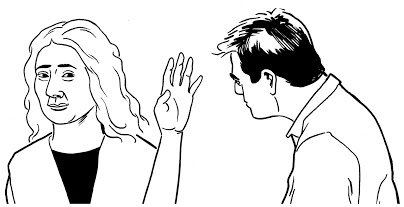
 **You can say more on page 7**

* They said nasty names



* They said bad things



* They swore
* They said they would do bad things
* They said they would take things
* They said they would hurt me

****

* They said they would hurt someone else

Who did they say they would hurt?

.....................................................................

* ****They said they would make me do

sexual things to

Tell us about what happened on pages 13 and 14

* They said things were not true
* They sent nasty text messages / made

****nasty phone calls

* They sent nasty emails / Skype messages



* They posted things that were

not true / nasty things on

Facebook / other social networking sites



* ****They sent nasty letters

Did they say something else?

You can tell us about this on the next page.

**You can say more here:**

* write down or draw what happened
* ask the person supporting you to write down what they said

Tell us if it has happened before.

**What did they do? Tick the box that says what happened**

**You can say more on the next page**



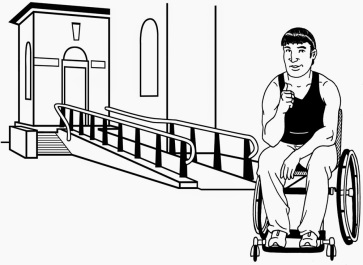
* They made fun / teased
* They laughed at me / them
* They shouted



* They were bossy
* They were rude
* They did not treat me well

because of my disability or

because I am different from

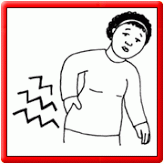
****them

* They left me out
* **** They hit / punched / slapped



* They pushed / pulled / poked



* They pinched
* ****They kicked
* ****They shook me / them

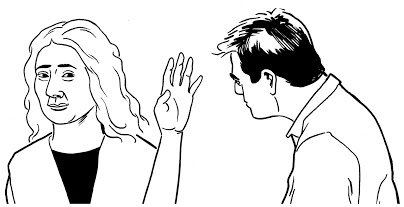
* They threw something



* They damaged things



* They took things / money



* They made me / them do

things

* They made me / them do

sexual things

Tell us about what happened on pages 13 and 14

****

* They did not let me / them

go out with other people

****

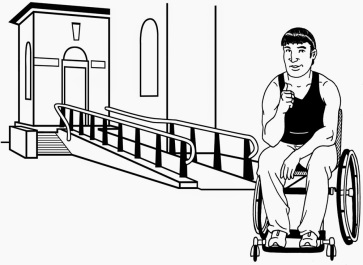
* They did not give me / them

the support needed



* They did not let me / them

make choices

****

* They left me / them alone for

a long time

* They did not give me / them

the right medicine

* ****They stopped me / them

from doing the things

****

* They did not give me / them

enough to drink or eat

****

Did they do / not do something else?

You can tell us about this on the next page.

**You can say more here:** 

* write down or draw what happened here
* ask the person supporting you to write down what happened

Tell us if it has happened before.

**Here are more questions about sexual abuse**

**What did they do? Tick the box that says what happened**

**You can say more on the next page**

****

* Touching in a way

I / they did **not** like



* They made me / them touch

someone’s private parts

****

* They made me / them have

sex (this is rape)

****

* They made me / them

watch or say sexual things

****

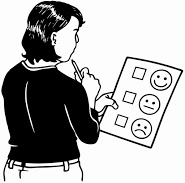
* They made me / them do

something sexual.

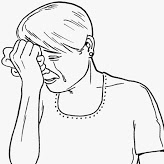
**You can say more here:**

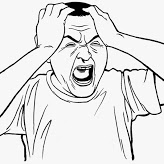
* write down or draw what happened here
* ask the person supporting you to write down what happened

Tell us if it has happened before.

**Tell us how you feel**

 **Your feelings are important.** **I feel:**

* afraid / scared
* in pain
* worried
* shame
* upset



* stupid
* angry



* confused
* frustrated
* helpless
* bored
* something else?.....................................

**Part 2: Where did the abuse happen?**

**Tick the box to say where it happened**

**You can say more on the next pages**

****

* at home

****

* at someone else’s house



* in the street
* ****in the park
* at work
* ****at the shops
* a place where you learn



* at church /where you worship
* ****at the day service
* ****on a bus / at the bus stop
* ****on a train
* in a taxi
* ****in a car
* ****in a minivan
* at the pub
* at the movies
* at the beach

**Did it happen somewhere else?**

**You can tell us here:**

* write down or draw where it happened here
* ask the person supporting you to write down where it happened

**Part 3: Who did the abuse?**

**** **Tick the box that says who did this. You can say more on the next page**

**Do you know the person who did the abuse?**

** Yes**

(answer questions below)

**No**

(go to next page)

**** If you answered **“yes”** pleasetell us about them:

**Name**

1. What is their name or names?

**** ……………………………………………………………….

1. How do you know them?

****……………………………………………………………...

1. Where do they live?

……………………………………………………………….

**Give a description of the person or people who did this?**

A description is when you tell people what or how

something or someone looks, feels, sounds or smells.

**To give a description you can:**

1. **Answer the questions on pages 20 to 24**
2. **Go straight to page 25 to write down or draw a description.**

**Is there anything about them that you remember stood out?**

……………………………………………………………………………..

………………………………………………………………………………

******How many people were there?** There was:

* one person



* two people

****

* a group of people

………………………….

**Were they men or women?** They were:

* a man
* a woman
* both men and women

**Answer these questions to describe Person 1:**

You can describe any other people on pages 25 and 26

**How old were they?** They were:

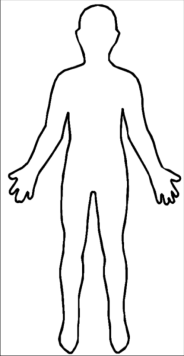
* an adult
* a teenager
* a child

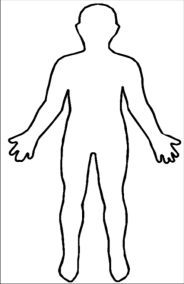
**Were they:**

* Asian
* Maori
* Pacifika
* Pakeha
* other……………………………

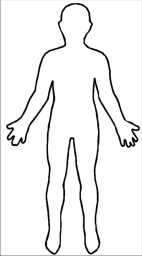
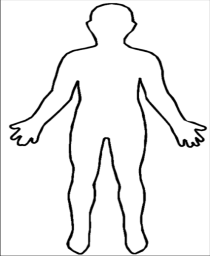
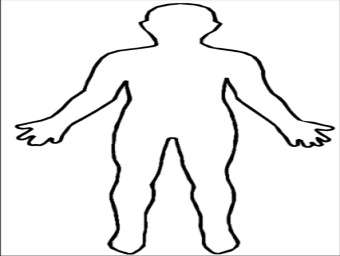
If you do not know tell us what colour was their skin?..............................

**How tall were they?** They were:



* shorter than me
* taller than me

**What body type did they have?** They were:

* small
* medium
* large

**What was their hair like?** (Draw a circle around the right word)

Short Long Spiked No hair Curly Straight

White Blonde Red Brown Black Grey Different Colours

I do not remember

**What colour were their eyes?** (Draw a circle around the right word)

Black Blue Green Hazel Grey Brown I do not know

**What else do you remember about them?**

They smelt They sounded different?

………………………………. ……………………………………..

They had a beard They wore glasses

They wore jewellery They had piercings

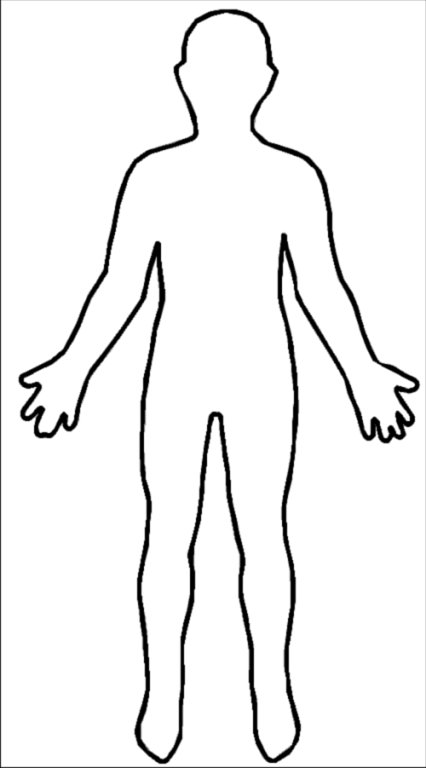
They had scars / marks They had tatoos

****

**What were they wearing?**..........................................................................

……………………………………………………………………………………..

……………………………………………………………………………………..



You can draw on the picture to tell us what person 1 was wearing

**Where they carrying anything?**

What? ………………………………………………………………………………………………………………..

**Did they have a car or bike or something else**?

If yes, what did it look like?...............................................................

…………………………………………………………………………….

**If they had a car what was the plate number**?........................................

Which way did the car or bike go?...............................................................

**Is there anything else you want to tell us?**

**Person 2**



**Person 3**



**Part 4: When did it happen?**

****

**What day of the week was it?**

**…………………………………………………….**

**What was the date?**

**……………………..……………………………..**

**What was the time?**

**……………………………………………..**

**If you do not know what time can you tell us if it happened:**

* in the day



* at night

**Part 5: What to do next**

It is up to you what to do next. You can choose who you want to tell about the abuse.

 You can give the form to:

* a support worker
* a Health and Disability Advocate if you are reporting something that happened in a health and disability service
* the Police.

Tell the person you gave the form to what you want them to do.

Ask the person you give the form to for a copy or a **reference number**. You may need to use this again.

**Support Person page**

If you are supporting someone to fill in this form please tell us:

1. Your name and contact details
2. What action, if any, you have taken so far
3. Anything else you want to say.

Your Name: …………………………………………………………………………………………………………

Your daytime phone number(s): ………………………………………………………………………………….

Your Address: ………………………………………………………………………………………………………………..............

…………………………………………………………………………………………………………………………

How you know the person making the report: ……………………………………………………………………

What action, if any, have you taken so far?………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………………

**Contacting the Police**

Only send the form to the Police if the person you are supporting wants you to inform the Police. If they or someone else is in danger call the Police.



This information has been developed

by People First New Zealand Inc.- Ngā Tāngata Tuatahi

Thank you to the **KSFS Working Group** for helping

People First develop this information.





