



WHO I AM?

Name

Nickname

Birthday

Contact Details

MY PARENT OR SUPPORT PERSON

Name

Contact Number

Email

Address





WHAT HAPPENED?

Did someone hurt your body?

YES

NO

UNSURE

Did someone yell at you or say something mean?

YES

NO

UNSURE

Did someone make you feel scared or unsafe?

YES

NO

UNSURE

Have you told anybody else what happened?

YES

NO

UNSURE

WHERE DID THIS HAPPEN?

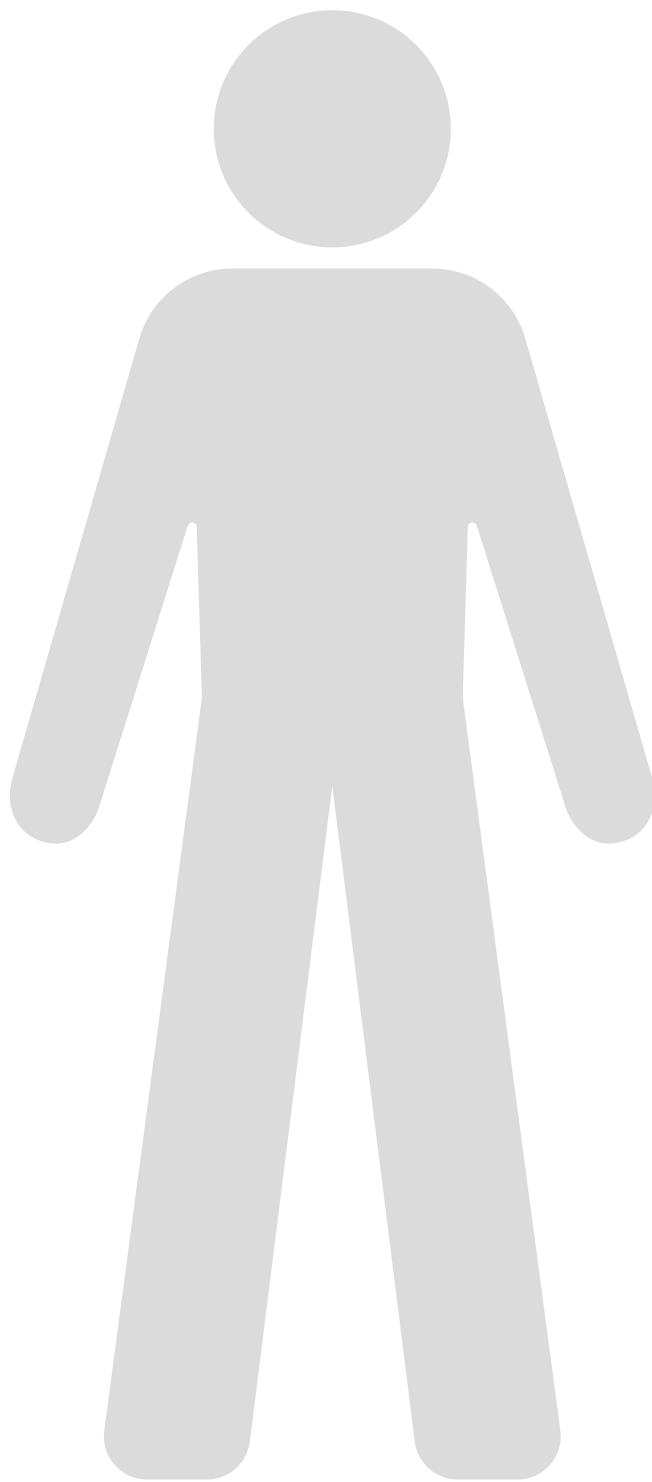
Place/Building/town

Date

Was any one else there



IF SOMEONE HURT YOUR BODY – COLOUR WHERE THEY HURT YOU



IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL US?

Empty response box for additional feedback.

IF YOU COULD WISH WHAT HAPPENS NEXT WHAT WOULD THAT BE?

Empty response box for future wishes.



KOOYOORA

