

# What Happened ? Form



If someone hurts you or frightens you please tell someone so they can help you.

You can use this form to help you remember things and show it to the person who comes to talk to you.







Please fill in as much as you can.




## What happened?

You can draw a picture or write some words here to say what happened....

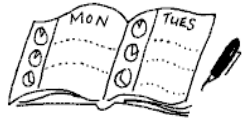
A large, empty rectangular box intended for drawing or writing a response to the prompt above.

 <b>Who did it?</b>	
	<b>A man</b>
	<b>A woman</b>
	<b>A group of people</b>
	<b>Children</b>
	<b>Do you know them?</b>

 <b>Did anyone see it?</b>	
<b>Were you on your own?</b>	<b>Yes / No</b>
<b>Were you with a friend? If YES, what is their name?</b>	
<b>Did anyone else see what happened?</b>	<b>Yes / No</b>
<b>If YES, what can you remember about them?</b>	



## When did it happen?



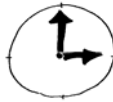
What day?



Was it day time?



Was it evening or night time?



What was the time?



## Where did it happen?








Inside at



Outside at

**This part is about you :**

<b>What is your name?</b>	
<b>What is your date of birth?</b>	
 <b>What is your address?</b>	
 <b>What is your phone number?</b>	
 <b>Who is your Community Support Worker or Social Worker?</b>	
 <b>Do you know their phone number? If YES, please write it here:</b>	

	<b>If you called the police, please write down the serial number they gave you here</b>
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**Please keep this form safe so you can show it to the person who comes to talk to you**