

# Consultation Sheet For Elementary School Students

This Consultation sheet is meant to help everyone have an enjoyable school life.

If you have any problems **with adults at school that make you feel irritated or uncomfortable**, and you want to talk about it, you can write them on this sheet and send it by mail or answer online version (Japanese only).

<Who is this about>

1. Me                      2. My Classmate (Grade\_\_\_ Class\_\_\_ Name\_\_\_\_\_ )

<What happened>

- |   |   |
|---|---|
| 1. Someone touched my body or my classmate's body.                              | 2. Someone peeked at me or my classmate while changing or using the toilet. |
| 3. Someone punched or kicked me or my classmate.                                | 4. Someone kept saying mean things to me or my classmate.                   |
| 5. Someone did something that scared me or my classmate, like kicking the desk. |   |
| 6. Something else ( Write here: _____ )   |   |

<Who did it>

1. Someone I don't know                      2. A teacher (Their name: \_\_\_\_\_ )  
 3. Someone else ( Who was it: \_\_\_\_\_ )

<When did it happen>

1. In class              2. During recess                      3. When I was changing for pool or P.E.  
 4. A different time (When was it: \_\_\_\_\_ )

### Things that adults might do to make you feel uncomfortable or irritated

- At school I was touched in a way that made me feel uncomfortable.
- I didn't like it when someone peeked at me when I went to the bathroom or change into my P.E. clothes or swimsuit.
- I was taken to a place where I was alone with that person for no reason



Grade  Class  Name

You do not have to write your name if you don't want to.

Glue here

Glue here

Fold here

Fold here

You can talk to a counselor or other people if you are having trouble in your daily life. If you do not have anyone to talk to you can get help from the people below.

## Help line for students who are experiencing sexual violence from a teacher or other people.

### Time open for appointments

Monday, Tuesday, and Thursday from 3:00pm to 6:00pm

Saturdays: 9:00am to noon.

※There will be a male or female lawyer available on each day.

※You can find out the lawyer in charge on that day by searching 東京都教育委員会 児童・生徒性暴力防止 or the QR code on the right.



### メールアドレス

[k.tsuho-soudan@section.metro.tokyo.jp](mailto:k.tsuho-soudan@section.metro.tokyo.jp)



You can answer the survey sheet by internet as well.

Use the QR code on the right.



料金受取人払郵便

新宿局承認

158

差出有効期間

2024年3月

31日まで

(切手不要)

163-8001

434

とうきょうとしんじゅくくにしんじゅく

東京都新宿区西新宿2-8-1

じどう せいと きょうしよくいんとう せいぼうりよく まも  
児童・生徒を教職員等による性暴力から守る

だいさんしゃそうだんまどぐち  
ための第三者相談窓口 行

でんわ いがい ほうほう そうだん  
※電話やメール以外の方法で相談したければ、この  
てがみ つか そうだん  
手紙を使って相談することもできます。