



Report Form

PARENTS

Name of school: _____

Date of incident: _____

Time: _____

Name of person reporting incident: _____

Female

Male

Phone number where you can be reached: (____) _____

Alleged victim

Last name, first name: _____

Female

Male

Group/Class: _____

Physical injury:

None

Minor

Severe

Alleged aggressor

Last name, first name of aggressor: _____

Female

Male

Phone number where you can be reached: (____) _____

Level, Group/Class: _____

Last name, first name of student accomplice(s), if applicable:

Witness(es)

Last name, first name of witnesses:

Nature of incident

Of a physical nature

Physical assault with fists or bare hands (fighting, punching, etc.)

Theft, extortion, threats (taxing)

Physical assault with a firearm, knife, stick, chain, etc.

Other (specify): _____

Of a moral or psychological nature

Humiliating

Ridiculing, putting down

Harassing, hounding

Denigrating, mocking

Insulting, scolding

Blackmailing

Other (specify): _____

Related to security

Overall threat to anyone at school

Carrying a firearm, knife, etc.

Raising false alarms (bomb threat, fire)

Other (specify): _____

Related to social activity

Excluded, isolated, ignored

Ruining or damaging a reputation

Spreading rumors, gossip

Other (specify): _____

Related to private life

- Filming or photographing someone without their knowledge and distributing it and/or posting it online
- Posting, sending or distributing a prejudicial message, photo or video

Discriminatory in nature

- Ethnocultural Sexual orientation Gender Handicap Weight Size
- Personal hygiene Illness

Related to property

- Deliberately damaging personal or public property (graffiti, tags, etc.)
- Other (specify): _____

Site of incident

- Study areas (classroom, laboratory, gym, study room, library, etc.)
- Common areas (washrooms, canteen, schoolyard, etc.)
- Transition areas (corridors, stairs/lifts, changing rooms or lockers, etc.)
- Immediate school surroundings (parking lot, streets, lanes, parks, etc.)
- By digital means (email, text message, cellphone, social media)
- On the way to school
- Security service office, if applicable
- School bus waiting areas, if applicable
- School buses, if applicable
- Other (specify): _____

Other information

- Frequency of incident:** Isolated act Repeat incident
- Context:** Involved only one other Involved a group
- Imbalance of power: YES NO
- Did the victim feel threatened: YES NO

Comments:

Actions taken by the parent:

Form completed by: _____ Date submitted: _____

Name of the person to whom this form is submitted: _____