Commission scolaire Eastern Townships School Board

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Anti-Bullying & Anti-Violence Report Form

Name of School: ALEXANDER GALT REGIONAL HIGH SCHOOL

Date of Incident: _____ Date of Report: _____

Name of Reporter: _____ ☐ Victim ☐ Witness ☐ Parent ☐ Staff

		Level
Victim:		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ MAPS ☐ WOTP
		Injuries: ☐ None ☐ Minor ☐ Severe
Perpetrator(s):		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ MAPS ☐ WOTP
		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ MAPS ☐ WOTP
		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ MAPS ☐ WOTP
Accomplice(s):		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ MAPS ☐ WOTP
		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ MAPS ☐ WOTP
		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ MAPS ☐ WOTP
Witnesses:		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ MAPS ☐ WOTP
		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ MAPS ☐ WOTP
		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ MAPS ☐ WOTP

Type of Violence (Please select all that apply)

☐ Physical nature (physical assault with fists, bare hands, firearm, knife, stick, chain, theft, extortion, threats)

☐ Verbal, moral, or psychological nature (humiliating, ridiculing, putting down, harassing, hounding, denigrating, mocking, insulting, scolding, blackmailing)

☐ Threat to Security (overall threat to anyone at school, carrying a firearm, knife or other, raising false alarms)

☐ Social (excluded, isolated, ignored, ruining, or damaging a reputation, spreading rumors, gossip)

☐ Cyber (filming or photographing someone without their knowledge and distributing it or posting it online; posting, sending, or distributing a prejudicial message, photo, or video.)

☐ Sexual (sexual assault, sexual exploitation, sexual harassment, production/distribution of materials depicting nudity or sexually compromising situations)

☐ Discrimination (ethno-cultural, sexual orientation, gender, handicap, weight, size, personal hygiene, illness)

☐ Property damage (deliberately damaging personal or public property – graffiti, tags)

☐ Other – Please Specify Below:

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Alexander Galt Regional High School

Location of Incident

- ☐ Classroom
- ☐ Gym
- ☐ Auditorium
- ☐ Elevator
- ☐ Other: _____
- ☐ Bathroom
- ☐ Hallway
- ☐ Stairs
- ☐ Sports Field
- ☐ Lounge
- ☐ Cafeteria
- ☐ Locker Room
- ☐ Social Media
- ☐ Bus Loading Zone
- ☐ School Bus
- ☐ Parking Lot

Additional Information

Frequency: ☐ Isolated ☐ Ongoing

Imbalance of Power: ☐ YES ☐ NO

Did the victim feel threatened? ☐ YES ☐ NO

Description of Incident

Submitted by: _____

Submitted to:
- ☐ VP Cycle 1 & MAPs
- ☐ VP Cycle 2 & WOTP
- ☐ Principal

For Administration Use Only

Result of Investigation: ☐ Conflict ☐ Intimidation/Bullying ☐ Violence

Actions (if applicable): ☐ Mediation ☐ Referral to Student Services ☐ INT/EXT Suspension ☐ Safe School Analysis/Assessment ☐ Police Intervention ☐ Other:

Administrator Signature: _____ Date: _____