Parent Report:

When reporting any instance of intimidation, bullying or other form of violence, parents are asked to complete this form and submit in a sealed envelope to the appropriate School Office addressed to the Anti-Bullying Ombudsman. The Ombudsman will discuss the situation with the Principal, who will determine how the incident will be investigated.

Date of incident: _____ Time: _____

Name of person reporting incident: _____☐ Female ☐ Male

Relationship to alleged victim: _____

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

Alleged victim(s)

Last name, first name: _____ ☐ Female ☐ Male
_____ ☐ Female ☐ Male
_____ ☐ Female ☐ Male

Group/Class:_____

Physical injury: ☐ None ☐ Minor ☐ Severe
Details:_____

_____

_____

_____

Alleged aggressor

Last name, first name: _____ ☐ Female ☐ Male
If unknown, description:

_____

_____

_____

_____

Level, Group/Class: _____

Accomplice(s), if applicable

Last name, first name of student: _____ ☐ Female ☐ Male
_____☐ Female ☐ Male
_____ ☐ Female ☐ Male

Witness(es)

Last name, first name of student: _____ ☐ Female ☐ Male
_____☐ Female ☐ Male
_____ ☐ Female ☐ Male

Nature of incident

Physical

☐ Physical assault with fists or bare hands (fighting, punching, pushing, shoving etc.)
☐ Theft, extortion, threats (taxing)
☐ Physical assault with a weapon
☐ Other (specify): _____

Details:_____

_____

_____

Psychological

☐ Humiliating ☐ Harassing ☐ Insulting, scolding
☐ Ridiculing, putting down ☐ Denigrating, ☐ Blackmailing

☐ Other (specify):_____

Details:_____

_____

_____

Social activity

☐ Excluded, isolated, ignored ☐ Ruining or damaging a reputation ☐ Spreading rumors, gossip
☐ Other (specify): _____

Details:_____

_____

_____

Other:

☐ 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
Details:_____

_____

_____

Discriminatory in nature

☐ Ethnocultural
☐ Sexual orientation
☐ Gender

☐ Handicap
☐ Weight

☐ Size
☐ Personal hygiene
☐ Illness

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.)
Specify:_____

☐ Immediate school surroundings (parking lot, streets, lanes, parks, etc.)
Specify:_____

☐ By digital means (email, text message, cellphone, social media)
Specify:_____

☐ On the way to school. When:_____

☐ School buses, if applicable.
Specify:_____

☐ Other,
Specify:_____

Other information

It is: ☐ an isolated act ☐ A repeat incident
Did the victim feel threatened: ☐ YES ☐ NO
Other relevant information:

_____

_____

_____

_____

_____

Person submitting the form _____
(Print)

_____
(Signature)

Relationship to victim: _____

Form received by: _____ _____ Date:_____

Name Signature