

Student 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