

Student Report Form

Type of violence or bullying: (if it can be identified)

Date: _____

Physical Verbal Cyberspace Social Discrimination Intimidation Related to gender and sexuality

DESCRIPTION OF THE INCIDENT (please indicate the persons involved)

Has this type of incident already occurred? YES NO I don't know

If YES, indicate the number of times: (_____) and for how long? (_____)

Did you do something to stop the situation? YES NO

If YES, what did you do?

CONFIDENTIAL

Your name: (_____) Witness Victim

We'll be in touch with you confidentially to get more information.

Please check off which of the following you are doing .

I am handing the report to the office.

I am sending an email to _____

I am putting the report in the anonymous box outside the office.

Form completed by: _____ Date submitted: _____

Form submitted to: _____

Form received by: _____ Date received: _____