



# INCIDENT REPORT FORM (Intimidation / Violence)

**Confidential**

Name of school: Alexander Galt Regional

Date of incident: \_\_\_\_\_ Date of report: \_\_\_\_\_

Name of person reporting incident: \_\_\_\_\_  Victim  Witness  
 Parent  Staff

### VICTIM

Full name: \_\_\_\_\_ Level: \_\_\_\_\_

Physical injury?  None  Minor  Severe

### PERPETRATOR(S)

Full name (s): \_\_\_\_\_ Level (3): \_\_\_\_\_

Accomplice(s) full name(s) (if applicable): \_\_\_\_\_

Witness(es) full name(s): \_\_\_\_\_

### TYPE OF VIOLENCE (Please check one or more.)

- 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)
- Discrimination (ethno cultural, sexual orientation, gender, handicap, weight, size, personal hygiene, illness)
- Property damage (deliberately damaging personal or public property – graffiti, tags)
- Other

### SITE OF INCIDENT

- Classroom, gym, auditorium  Parking lot, sport fields, school bus waiting area
- Washroom, lounge, cafeteria  School bus
- Hallways, stairs, elevator  Other (specify) \_\_\_\_\_

### OTHER INFORMATION

Frequency of incident:  Isolated act  Repeat incident

Imbalance of power:  Yes  No Did the victim feel threatened?  Yes  No

### COMMENTS/DETAILS

### ACTIONS TAKEN BY STUDENTS/WITNESS/PARENTS/STAFF

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Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Form submitted to \_\_\_\_\_

### For office use only

INTIMIDATION				VIOLENCE			
Physical	Verbal	Written	Cyber	Physical	Verbal	Written	Cyber