

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

Victim: _____

Level									
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> MAPS	<input type="checkbox"/> WOTP			
Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Severe									

Perpetrator(s): _____

Level									
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> MAPS	<input type="checkbox"/> WOTP			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> MAPS	<input type="checkbox"/> WOTP			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> MAPS	<input type="checkbox"/> WOTP			

Accomplice(s): _____

Level									
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> MAPS	<input type="checkbox"/> WOTP			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> MAPS	<input type="checkbox"/> WOTP			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> MAPS	<input type="checkbox"/> WOTP			

Witnesses: _____

Level									
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> MAPS	<input type="checkbox"/> WOTP			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> MAPS	<input type="checkbox"/> WOTP			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> MAPS	<input type="checkbox"/> WOTP			

Type of Violence (Please select all that apply)	
<input type="checkbox"/> Physical nature (physical assault with fists, bare hands, firearm, knife, stick, chain, theft, extortion, threats) <input type="checkbox"/> Verbal, moral, or psychological nature (humiliating, ridiculing, putting down, harassing, hounding, denigrating, mocking, insulting, scolding, blackmailing) <input type="checkbox"/> Threat to Security (overall threat to anyone at school, carrying a firearm, knife or other, raising false alarms) <input type="checkbox"/> Social (excluded, isolated, ignored, ruining, or damaging a reputation, spreading rumors, gossip)	<input type="checkbox"/> 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.) <input type="checkbox"/> Discrimination (ethno-cultural, sexual orientation, gender, handicap, weight, size, personal hygiene, illness) <input type="checkbox"/> Property damage (deliberately damaging personal or public property – graffiti, tags) <input type="checkbox"/> Other – Please Specify Below:

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Location of Incident			
<input type="checkbox"/> Classroom	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Lounge	<input type="checkbox"/> Bus Loading Zone
<input type="checkbox"/> Gym	<input type="checkbox"/> Hallway	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> School Bus
<input type="checkbox"/> Auditorium	<input type="checkbox"/> Stairs	<input type="checkbox"/> Locker Room	<input type="checkbox"/> Parking Lot
<input type="checkbox"/> Elevator	<input type="checkbox"/> Sports Field	<input type="checkbox"/> Social Media	
<input type="checkbox"/> Other: _____			

Additional Information		
Frequency:	<input type="checkbox"/> Isolated	<input type="checkbox"/> Ongoing
Imbalance of Power:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did the victim feel threatened?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Description of Incident

Submitted by: _____

Submitted to:

- Mr. Pollock
- Mr. Kelso
- Mrs. McCully
- Mrs. McCourt

For Administration Use Only			
Result of Investigation:	<input type="checkbox"/> Conflict	<input type="checkbox"/> Intimidation/Bullying	<input type="checkbox"/> Violence
Actions (if applicable):	<input type="checkbox"/> Mediation	<input type="checkbox"/> Referral to Student Services	<input type="checkbox"/> INT/EXT Suspension
	<input type="checkbox"/> Safe School Analysis/Assessment	<input type="checkbox"/> Police Intervention	
	<input type="checkbox"/> Other: _____		

Administrator Signature: _____ Date: _____