

ENGLISH MONTREAL SCHOOL BOARD VIOLENCE PREVENTION
SAFE SCHOOL INCIDENT REPORT

CONFIDENTIAL *WITHOUT PREJUDICE*



Commission scolaire English-Montréal
English Montreal School Board

Report No.

school code - xx

Bullying

"Any behaviour, spoken word, act or gesture, whether deliberate or not and of a repetitive character, expressed directly or indirectly, including in cyberspace, in a context characterized by a disparity in the balance of power between the concerned persons, having the effect of engendering feelings of distress, injury, hurt, oppression or of being ostracized;" Art. 13, LIP 2012

Violence

"Any use of force—verbal, written, physical, psychological or sexual—against any person, by an individual or a group, with intent to directly or indirectly wrong, injure or oppress that person by attacking his or her integrity, whether psychological or physical well-being, rights or property." Art. 13, LIP 2012

Who is completing this report?

Last name	First name	Title	<input type="radio"/> I witnessed the incident
			<input type="radio"/> I did not witness the incident
Name of school		Name of Principal	

Who was involved in the incident? *(Please complete Annex A to identify more than 6 individuals)*

1	Last name	First name			
	<input type="radio"/> Male	<input type="radio"/> Student	<input type="radio"/> Parent or guardian	Grade	
	<input type="radio"/> Female	<input type="radio"/> Staff	<input type="radio"/> Other <i>(specify):</i>		
2	Last name	First name			
	<input type="radio"/> Male	<input type="radio"/> Student	<input type="radio"/> Parent or guardian	Grade	
	<input type="radio"/> Female	<input type="radio"/> Staff	<input type="radio"/> Other <i>(specify):</i>		
3	Last name	First name			
	<input type="radio"/> Male	<input type="radio"/> Student	<input type="radio"/> Parent or guardian	Grade	
	<input type="radio"/> Female	<input type="radio"/> Staff	<input type="radio"/> Other <i>(specify):</i>		
4	Last name	First name			
	<input type="radio"/> Male	<input type="radio"/> Student	<input type="radio"/> Parent or guardian	Grade	
	<input type="radio"/> Female	<input type="radio"/> Staff	<input type="radio"/> Other <i>(specify):</i>		
5	Last name	First name			
	<input type="radio"/> Male	<input type="radio"/> Student	<input type="radio"/> Parent or guardian	Grade	
	<input type="radio"/> Female	<input type="radio"/> Staff	<input type="radio"/> Other <i>(specify):</i>		
6	Last name	First name			
	<input type="radio"/> Male	<input type="radio"/> Student	<input type="radio"/> Parent or guardian	Grade	
	<input type="radio"/> Female	<input type="radio"/> Staff	<input type="radio"/> Other <i>(specify):</i>		

Where did the incident occur?

<input type="radio"/> At school or on school property <i>(specify):</i>
<input type="radio"/> At a school-related activity <i>(specify):</i>
<input type="radio"/> On the school bus or public transport <i>(specify):</i>
<input type="radio"/> In cyberspace <i>(specify):</i>
<input type="radio"/> Other location <i>(specify):</i>

When did the incident occur?

<input type="radio"/> Before school	<input type="radio"/> Transition time between classes	What is the date of the incident? <table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td>year</td><td>month</td><td>day</td></tr></table>				year	month	day
year	month	day						
<input type="radio"/> Morning recess	<input type="radio"/> During class time	Is this an isolated incident? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> I don't know						
<input type="radio"/> Lunch period	<input type="radio"/> After school							
<input type="radio"/> Afternoon recess	<input type="radio"/> Other (<i>specify</i>):							

Did the incident involve any of the following forms of bullying behaviours?

<input type="radio"/> Physical (<i>hitting, shoving, kicking, spitting on, beating up on others, sexual aggression, damaging or stealing another's property</i>)
<input type="radio"/> Verbal (<i>name-calling, mocking, hurtful teasing, humiliation, threatening, intimidating someone to do something they do not want to do</i>)
<input type="radio"/> Social (<i>excluding from group, spreading gossip or rumours, making others look foolish, convincing others to alienate someone</i>)
<input type="radio"/> Electronic (<i>using social media, e-mail, text messages to threaten, humiliate, embarrass, single out, spread rumours, reveal secrets</i>)

*Assessment Toolkit for Bullying, Harassment and Peer Relations at School; Canadian Public Health Association

Did the incident result in physical injury?

<input type="radio"/> No
<input type="radio"/> Yes, but no medical attention was required
<input type="radio"/> Yes, medical attention was provided

Were police involved?

<input type="radio"/> No
<input type="radio"/> Yes

Were there any witnesses?

<input type="radio"/> No
<input type="radio"/> Yes, I witnessed the incident
<input type="radio"/> Yes, others witnessed the incident

Please summarize the incident and provide all relevant information:

I hereby declare that the above statements are true to the best of my knowledge.

Signature

Year	Month	Day

Year Month Day

Please attach any additional documents (ie. Annex-A, e-mails, notes etc.)