

D12 - OCCASIONAL TEACHERS BARGAINING UNIT

STUDENT BULLYING & HARASSMENT FORM

THIS FORM IS TO BE COMPLETED WHEN YOU HAVE BEEN VERBALLY OR PHYSICALLY BULLIED OR HARASSED BY A STUDENT. ALL INFORMATION IS *CONFIDENTIAL* TO THE OTBU EXECUTIVE

PERSONAL INFORMATION

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LAST NAME:	FIRST NAME:
ADDRESS:	CITY: POSTAL CODE:
HOME PHONE:	WORK PHONE:

INCIDENT LOCATION

INCIDENT LOCATION	
DATE(S) OF INCIDENT:	SCHOOL NAME:
WAS PRINCIPAL NOTIFIED?: Y/N	IF YES, DATE REPORTED TO SCHOOL OFFICE:
WERE YOU INJURED?: Y/N	IF YES, HAVE YOU FILED A WSIB CLAIM?: Y/N
DID YOU COMPLETE & SUBMIT A VIOLENT INCIDENT REPORT TO THE PRINCIPAL?: Y/N	
IF NO, WHY NOT?	

DETAILS OF THE INCIDENT

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1) TYPE OF INCIDENT: (PHYSICAL INJURY, VERBAL ABUSE, THREATENING BEHAVIOUR, DAMAGE TO PERSONAL PROPERTY, EMOTIONAL ABUSE, ETC...)	
2) WHERE DID THE INCIDENT OCCUR? (FOR EXAMPLE: ROOM NUMBER, HALLWAY, GYM, PARKING LOT)	

3) DESCRIPTION OF INCIDENT?
4) WERE THERE WITNESSES?: Y/N
5) WERE OUTSIDE AGENCIES INVOLVED?: Y/N IF YES, PLEASE SPECIFY
6) ACTION TAKEN BY PRINCIPAL:

PLEASE FAX YOUR COMPLETED FORM TO 416-423-5934

OR

**MAIL TO OTBU D12 OFFICE
95 THORNCLIFFE PARK DR, #1708
TORONTO, ON M4H 1L7**