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

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TORONTO, ON M4H 1L7