



LRTA
 LOUIS RIEL
 TEACHERS'
 ASSOCIATION

This information is collected for statistical purposes by the Louis Riel Teachers' Association.

Incident Reporting Form

Name: _____ Position: _____

School: _____ Grade Level: _____ Date: _____

Specify person(s) involved in the alleged incident (check):

Student

Parent/Guardian

Colleague(s)

Type(s) of alleged abuse: (Please check all that apply)

Physical attack: with weapon without weapon threat
 Other: _____

Verbal attack: insults coarse language obscene gestures
 Other: _____

Nature of attack: gender orientation religious racial sexual
 Other: _____

Please provide details you feel are pertinent on the back of this page.

Physical/Psychological Injury: yes no

If yes, was a Physical Injury Form completed? yes no

Property Damage: yes no

If yes, what was damaged: _____

Assistance Received: _____

Please forward a copy of this report form to the LRTA office @ École Varennes.

Signature: _____