



**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: \_\_\_\_\_