

Type of violent act : **Date :** _____

- Verbal abuse Physical abuse Abuse transmitted through electronic media Sexual abuse
 Social abuse Discrimination Bullying

DESCRIPTION OF INCIDENT

Has this type of incident occurred before? Yes No Don't know

If yes, how many times has it occurred? _____ How long has it been going on? _____

Have you done anything to put a stop to it? Yes No

If yes, explain what you did :

Location where the incident occurred : _____

Your name : _____ Témoin Victime

Group : _____ Phone Number : _____ Cell Phone Number : _____

Email : _____

We will contact you confidentially to obtain additional information.

CONFIDENTIAL DOCUMENT

Adapted by Carlo Ficorilli, Assistant Director, Centre de formation du transport routier, CSRDN,
from a working document entitled *Plan de lutte contre l'intimidation et la violence à l'école (Protocole d'intervention)*
of the Commission scolaire de la Rivière-du-Nord.