

HARASSMENT INCIDENT REPORT FORM (To be completed and given to immediate supervisor)

Date:
Name of Victim(s):
Name of individuals involved:
Location of incident:
Witnesses:
Brief description of incident:
Was the incident reported immediately to principal or Director of Education/Designate? Yes No
What other follow up was taken?
What further follow-up is suggested?
Signature:
Date:

POLICY ITEM: Harassment / Mistreatment of

School Division Members

CODE: GHA

REVIEW DATE: May 2028