

**TURTLE MOUNTAIN SCHOOL DIVISION  
Harassment Report**

**Identifying Information of complainant**

Name	_____
Position	_____
Contact Number	_____
Address	_____
School/Department	_____

**Details of incident**

Location of Incident (specify, e.g.: office, hallway, classroom, school grounds, etc.) _____
Date and Time of Incident _____
Nature of harassment <ul style="list-style-type: none"><li><input type="checkbox"/> Ancestry, including colour and perceived race</li><li><input type="checkbox"/> Nationality or national origins</li><li><input type="checkbox"/> Ethnic background or origin</li><li><input type="checkbox"/> Religion or creed or religious belief, religious association or religious activity</li><li><input type="checkbox"/> Age</li><li><input type="checkbox"/> Sex or gender, including circumstances related to pregnancy</li><li><input type="checkbox"/> Sexual orientation</li><li><input type="checkbox"/> Sexually inappropriate</li><li><input type="checkbox"/> Marital or family status</li><li><input type="checkbox"/> Source of income</li><li><input type="checkbox"/> Physical or mental disability or related characteristics</li><li><input type="checkbox"/> Psychological</li><li><input type="checkbox"/> Other _____</li></ul>
Form of harassment/violence:  Verbal _____ Written _____

Electronic \_\_\_\_\_  
Physical \_\_\_\_\_  
Other \_\_\_\_\_

Describe the incident (what happened):

*Attach additional written description if required*

**Information of the Individual with whom the incident occurred**

Individual's name and or position, if known:

\_\_\_\_\_

Description, if individual's name and position not known:

Male       Female

Age: \_\_\_\_\_      Height: \_\_\_\_\_      Weight: \_\_\_\_\_

Other: \_\_\_\_\_

**Witness Information**

Cross Reference: Policy A-11

Approval Date: February 24, 2017

Review Date:

Page 2 of 3

There were witnesses

Number of Witnesses \_\_\_\_\_

Witness(es)'s Name(s) and Position(s), if known.  
If not known include a description.

\_\_\_\_\_  
\_\_\_\_\_

There were no witnesses

**General Information**

What measures were taken prior to formalizing a written report?

Was this incident reported to the supervisor?       Yes       No

Name of the supervisor \_\_\_\_\_

Have an investigation been initiated?       Yes       No

\_\_\_\_\_  
Signature of complainant

\_\_\_\_\_  
Date