

## PLAST Ukrainian Youth Association of Canada

### Abuse/Harassment/Bullying Incident Reporting Form

Date of Incident: \_\_\_\_\_ Time of Incident \_\_\_\_\_ Repeat Infraction? YES NO

Name of victim(s): Name of person(s) bullying Name of witnesses/bystanders:

_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Reported by (circle all that apply):

Vykhovnyk (leader)	Parent
Novak/Novachka	Camp Nurse/Doctor
Yunak/Yunachka	Instructor
Bystander Victim/Target	Other (Please specify): _____

#### Where did the incident happen? (circle all that apply):

Camp	Barrack	Cell phone
Domivka	Tent	Text
Other Plast-sponsored event (hike/prohulka)	Dining Hall	Social Media
Hallway	Sport field	Other (Please describe)
Meeting Room	In the Woods	_____
Restroom	Parking lot	_____
Playground	School bus	_____
	Internet	

**Please check the box that best describes what the bully did. Please choose all that apply.**

- ☐ Hitting, kicking, shoving, spitting, hair pulling or throwing something at the victim
- ☐ Getting another person to hit or harm the victim
- ☐ Teasing, name calling, making critical remarks or threatening in person, by phone, by e-mail, etc.
- ☐ Putting the student down and making the student a target of jokes
- ☐ Making rude and/or threatening gestures
- ☐ Excluding or rejecting the student
- ☐ Making the student fearful, demanding money or exploiting
- ☐ Spreading harmful rumors or gossip
- ☐ Cyber bullying (bullying by calling, texting, emailing, web posting, etc.)
- ☐ Staring/leering
- ☐ Writing /Graffiti
- ☐ Stole/Damaged Possessions
- ☐ Cyber bullying (bullying by calling, texting, emailing, web posting, etc.)
- ☐ Racial, Sexual, Religious or Disability → Circle one and describe: \_\_\_\_\_
- ☐ Other

**If you select other, please describe:** \_\_\_\_\_

**Describe the Incident:**

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**Physical Evidence (circle all that apply):**

Notes

Video/Audio

Email

Website

Graffiti

Other (please specify): \_\_\_\_\_

**Why do you think the harassment, intimidation or bullying occurred?**

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Did a physical injury result from this incident? If yes, please describe.

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If yes, was injury reported to Designated Abuse and Harassment Prevention Lead/Tabir Nurse? Yes\_\_ No\_\_

If yes, was injury reported to police? Yes\_\_ No\_\_

Did the Victim/Target leave Camp/Activity/Organization because of the incident? Yes ☐ No ☐

If yes, please describe:

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Is there any additional information?

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Actions Taken (See PlastT Canada Abuse and Harassment Prevention Policy)

Consequences: \_\_\_\_\_

Remediation: \_\_\_\_\_

Referral for Additional support services: \_\_\_\_\_

Parent Contact:

Victim/Target's Parents: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Person Making Contact: \_\_\_\_\_

Result: \_\_\_\_\_

Bully's Parents: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Person Making Contact: \_\_\_\_\_

Result: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Reported by: \_\_\_\_\_ Signature: \_\_\_\_\_

## PLAST Ukrainian Youth Association of Canada

### Abuse/Harassment/Bullying Incident Follow-up Form

Follow-up Conference with Victim/Target: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Conducted by: \_\_\_\_\_

People Present:

\_\_\_ Designated Abuse and Harassment Prevention Lead \_\_\_ Leader/Vykhonyk \_\_\_ Victim/Target

\_\_\_ Witness(es) \_\_\_ Other (please specify)

According to Victim/Target, situation is: \_\_\_ Better \_\_\_ Worse \_\_\_ No Difference

Follow-up Conference with Bully: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Conducted by: \_\_\_\_\_

People Present:

\_\_\_ Designated Abuse and Harassment Prevention Lead \_\_\_ Leader/Vykhonyk

\_\_\_ Bully \_\_\_ Other (please specify)

According to Bully, situation is: \_\_\_ Better \_\_\_ Worse \_\_\_ No Difference