

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 & Name (circle all that apply):

Vykhovnyk (leader) _____

Parent _____

Victim/Target _____

Camp Nurse/Doctor _____

Bystander _____

Instructor _____

Other (Please specify): _____

Reported to: _____

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

Sport field

Other (Please describe)

Hallway

In the Woods

Meeting Room

Parking lot

Restroom

School bus

Playground

Internet

Type of Activity (ie: hurtkovi or kurinni skhodyny, prohulka, camp, outside of Plast activities)

Activity Supervisors/Leaders present on site: _____

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
- ☐ Racial, Sexual, Religious or Disability → Circle one and describe: _____
- ☐ Other

If you select other, please describe: _____

Describe the Incident (use the back of page if necessary): _____

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?

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

If yes, was injury reported to Designated Abuse and Harassment Prevention Lead/Tabir Nurse? Yes__ No__

If yes, name of Lead/Nurse: _____

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: _____

Is there any additional information? (use the back of page if necessary)

Today's Date: _____ Reported by: _____ Signature: _____

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

Parent Contact:

Victim/Target's Parents: Name(s): _____

Date: _____ Time: _____ Person Making Contact: _____

Result: _____

Follow up: _____

Bully's Parents: Name(s): _____

Date: _____ Time: _____ Person Making Contact: _____

Result: _____

Follow up completion date (attach separate form): _____

Consequences: _____

Remediation: _____

Referral for Additional support services: _____

Other Actions (if any): _____

Follow up date (complete separate form): _____

Resolution Date: _____ Completed 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
Next Steps:

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
Next Steps:

