

Signaling sheet or complaint

Date : ____ / ____ / ____

Hour : ____ h ____

Event Location: _____

EVENT TO BE ENTERED IN THE REGISTER YES ___ NO ___

PEOPLE INVOLVED:

#1 First name, Family Name, (victim / perpetrator /witness) _____

#2 First name, Family Name, (victim / perpetrator /witness) _____

First name, Family Name, (victim / perpetrator /witness) _____

#4 First name, Family Name, (victim / perpetrator /witness) _____

NATURE OF THE EVENT:

- | | |
|---|---|
| <input type="checkbox"/> THEFT | <input type="checkbox"/> HARASSMENT |
| <input type="checkbox"/> BULLYING * | <input type="checkbox"/> SEXUAL ASSAULT |
| <input type="checkbox"/> VIOLENCE* specify _____ | <input type="checkbox"/> VANDALISM |
| <input type="checkbox"/> TAXING | <input type="checkbox"/> ROAD SAFETY |
| <input type="checkbox"/> RESPECT FOR AUTHORITY | |
| <input type="checkbox"/> DRUGS <input type="checkbox"/> possession <input type="checkbox"/> consumption | |
| <input type="checkbox"/> Refusal of the student <input type="checkbox"/> Sale | |
| <input type="checkbox"/> OTHER Specify : _____ | |

Equipment confiscated

Yes No

Nature _____

* The event may have to be deferred in the event log

VERSION OF PEOPLE FACTS INVOLVED:

#1 First Name, Family Name

#2 First Name, Family Name

#3 First Name, Family Name

#4 First Name, Family Name

TRANSMITTED INFORMATION TO PARENTS::

Parent's Name _____

Phone number _____

Hour and date of the conversation _____

Notes _____

Parent's Name _____

Phone number _____

Hour and date of the conversation _____

Notes _____

Parent's Name _____

Phone number _____

Hour and date of the conversation _____

Notes _____

ANALYSIS CASE:

DECISION OF MANAGEMENT:

No action taken

Measures imposed (educational, disciplinary or legal):

Requested police intervention *

Police contacted: _____

Date : ___ / ___ / ___ Hour : ___ h ___

Other _____

Motivation at the base of the

decision _____

Signature: _____

Date : ___ / ___ / ___