

Student Report Form

Type of violence: (if it can be identified) Physical Date: _____

Verbal Cyberspace Social Discrimination Intimidation Related to gender and sexuality

DESCRIPTION OF THE INCIDENT (please indicate the **persons involved**)

Has this type of incident already occurred? YES NO I don't know

If YES, indicate the number of times: (_____) and for how long? (_____)

Did you do something to stop the situation? YES NO

If YES, what did you do?

Your name: (_____) Witness Victim

We'll be in touch with you confidentially to get more information.

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