



## Harassment, Intimidation or Bullying (HIB) Incident Reporting Form

Reporting person (optional): \_\_\_\_\_ Today's Date : \_\_\_\_\_

Targeting Student: \_\_\_\_\_

Your phone number (optional): \_\_\_\_\_ Your email address (optional): \_\_\_\_\_

Name of school adult you've already contacted (if any): \_\_\_\_\_

Name(s) of aggressor(s): \_\_\_\_\_

On what dates did the incident(s) happen (if known): \_\_\_\_\_

Where did the incident happen? (Circle all that apply)

Classroom	Hallway	Bathroom	Playground	Locker room
Cafeteria	Bus	Sport field	Parking lot	Internet
Cell phone	On the way to/from school			

Other Location (Please describe): \_\_\_\_\_

**Please check the box that best describes the incident(s). Please choose all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> Hitting, kicking, shoving, spitting, hair pulling or throwing something at the student       | <input type="checkbox"/> Making rude and/or threatening gestures                                    |
| <input type="checkbox"/> Getting another person to hit or harm the student  | <input type="checkbox"/> Excluding or rejecting the student   |
| <input type="checkbox"/> Teasing, name calling, making critical remarks or threatening in person, by phone, by e-mail | <input type="checkbox"/> Making the student fearful, demanding Money or exploiting                  |
| <input type="checkbox"/> Putting the student down and making the student a Target of jokes                            | <input type="checkbox"/> Spreading harmful rumors or gossip   |
| <input type="checkbox"/> Other (please describe): _____   | <input type="checkbox"/> Cyber bullying (bullying by calling, texting, emailing, web posting, etc.) |

Were there any witnesses? \_\_\_\_\_ If yes, please provide their names:

Did a physical injury result from this incident? \_\_\_\_\_ If yes, please describe:

Was the target absent from school as a result of the incident? \_\_\_\_\_ If yes, please describe:

Is there any additional information? \_\_\_\_\_

-----FOR OFFICE USE-----

RECEIVED BY: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

ACTION TAKEN: \_\_\_\_\_

PARENT/GUARDIAN CONTACTED: \_\_\_\_\_

CIRCLE ONE:      RESOLVED      UNRESOLVED

REFERRED TO: \_\_\_\_\_