



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

Alleged Perpetrator(s)/Aggressor(s):

Alleged Victim(s)/Targeted Student(s):

Reporting Person (if other than victim):

Today's Date

Reporter's email (optional): Phone (optional)

Name of Individual Taking/Completing the Report:

On what date(s) did the incident(s) happen (if known):

Check the box(es) that describe(s) what the victim alleges perpetrator did. PLEASE CHOOSE ALL THAT APPLY

- Physical:** Hitting, kicking, shoving, spitting, hair pulling, throwing something at the student or getting another person to hit or harm the student
- Direct Verbal:** Teasing, name calling, making critical remarks, putting the student down or making the target of verbal jokes
- Indirect Verbal:** Spreading harmful rumors or gossip
- Shunning/Isolation:** Excluding or rejecting the student, encouraging others to exclude/reject
- Extortion:** Demanding money, favors or other exploitation under threat
- Threatening, other:** Making the student fearful; threatening in person, by phone, by e-mail, etc
- Cyber:** Cyber bullying (HIB by texting, emailing, web posting, etc.)
- Sexual:** Sexual comments, inappropriate/unwanted sexual contact
- Racial:** Racial comments, racial slurs, comments or actions considered racist
- Sexual Orientation:** Negative comments regarding sexual orientation or gender identity
- Other – Please describe:**

How does the victim describe the alleged harassment, intimidation or bullying?

Where did the incident(s) happen? Check all that apply.

- Classroom Hallway Restroom Playground Locker Room
 Lunchroom Parking Lot School Bus Bus Stop Internet
 Cell Phone Sports Field Other (please describe)

Does the victim have a sense of why the perpetrator is doing what they are doing (many will not). If so, what is the victim's idea(s)?

Who else witnessed the harassment, intimidation and/or bullying? List names.

Was the victim physically injured? If yes, please describe.

Was the victim absent from school as a result of the incident? Yes No If yes, please describe.

Is there any additional information?

-----For Office Use Only-----

Received by:

Date Received:

Describe actions taken to conduct the investigation:

Brief description of findings:

Does the incident (or incidents) meet the definition of: Harassment, Intimidation and Bullying?

Yes No

Determined by:

Does the victim have an IEP or 504 Plan (Mark Yes if in referral/evaluation process)?

Yes No

If yes, convene the IEP or 504 team and determine whether the incident had an impact on the student's ability to receive free, appropriate public education (FAPE). (See NMSD Policy 3207 pg 2 lines 8-19 for details.)

Actions taken in support of victim:

Actions taken to intervene with the perpetrator(s):

Referred to:

Is this situation resolved? Yes No

If not resolved, further actions to be taken:

Parent/guardian contacted:

Date submitted to Supt. Office:

HIB Report Form

Revised February 2022