

Harassment, Intimidation or Bullying (HIB) Incident Reporting Form

Learning today. Leading tomorrow.			School:			
Reporting person (o)	ptional):					
Targeted student:						
Your e-mail address						
Your phone number (optional):						
Name of adult at sch	nool you've already	contacted (if any)	:			
Name(s) of alleged a	aggressor(s) if know	n (the bully):				
On what dates did th	he incident(s) happ	en (if known):				
	() ()	,				
Where did the incide	ent happen? Check	all that apply.				
	☐ Hallway ☐ Parking lot y ☐ On the way to	☐ Restroom ☐ School bus c)/from school	☐ Playground☐ Internet	☐ Cell phone		
Please check the box	x that best describe	es what the bully d	lid. Please choose	all that apply.		
☐ Hitting, kicking, s	shoving, spitting, ha	ir pulling or throw				
Getting another Teasing, name ca	•		toning in norson h	ovnhono by o mail	oto	
Putting the stude	-			• •	etc.	
	d/or threatening ges		. get et jenet			
☐ Excluding or reje	cting the student					
-	ent fearful, demand		oiting			
Spreading harmf						
	oullying by calling, to	_				
If you selected other						

Why do you think the harassment, intimidation or bullying occurred?
Were there any witnesses? ☐ Yes ☐ No If yes, please provide their names:
Did a physical injury result from this incident? If yes, please describe.
Was the targeted student absent from school as a result of the incident? ☐ Yes ☐ No If yes, please describe:
Is there any additional information?
Thank you for reporting!
For Office Use
Received by:
Date received:
Action taken:
Parent/guardian contacted:
Check one: ☐ Resolved ☐ Unresolved
Referred to: