



Harassment, Intimidation or Bullying (HIB) Incident Reporting Form

Anonymous

Individuals may file a report without revealing their identity. no disciplinary action will be taken against an alleged aggressor based solely on an anonymous report. Possible responses to an anonymous report includes enhanced monitoring of specific locations at certain times of day or increased monitoring of specific students or staff.

Confidential

Individuals may ask that their identities be kept secret from the accused and other students. Like anonymous reports, no disciplinary action will be taken against an alleged aggressor based solely on a confidential report.

Non-confidential

Complainants agreeing to make their complaint non-confidential will be informed that due process requirements may require that the district releases all the information that it has regarding the complaint to any individuals involved in the Incident, but that even then, information will still be restricted to those with a need to know, both during and after the Investigation. The district will, however, fully implement the anti-retaliation provision of this policy and procedure to protect complainants and witnesses.

School: _____

Reporting person First/Last per Skyward: _____ SS ID# _____

Targeted student First/Last per Skyward: _____ SS ID# _____

Your alleged aggressor(s) per Skyward if known (the bully): _____

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

Where did the incident happen? Check all that apply.

- Classroom
- Sport Field
- Off School-Property
- On the way to/from school
- Other (Please describe)
- Hallway
- Parking Lot
- Restroom
- School Bus
- Playground
- Internet
- Locker room
- Cell Phone
- Lunchroom
- During a school activity

Please check the box that best describes what the bully did. Please choose all that apply.

- Hitting, kicking, shoving, spitting, hair pulling or throwing something at the student
- Getting another person to hit or harm the student

Teasing, name calling, making critical remarks, or threatening in person, by phone, by e-mail, etc.

Putting the student down and making the student a target of jokes

Making rude and/or threatening gestures

Excluding or rejecting the student

Making the student fearful, demanding money, or exploiting

Spreading harmful rumors or gossip

Cyber bullying (bullying by calling, texting, e-mailing, web posting, etc.)

Other _____

If you can, check what form of Harassment that occurred. Please check the box(es):

HID(Disability)

HIR(Race)

HIS (Sexual Orientation)

HIG(Gender)

HIT(Intimidation/Threat)

HIE (Religion)

Other

If you selected other, please describe: _____

Why do you think the harassment, intimidation or bullying occurred?

Were there any witnesses? Yes No

If yes, please provide names below:

Did a physical injury result from this incident? Yes No

If yes, please describe below:

Was the targeted student absent from school because of the incident? Yes No

If yes, please describe below:

Is there any additional information you would like to add? Yes No

If yes, please describe below:

If you need additional space, please attach additional sheets.

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

Received by: _____

Date received: _____

Action taken: _____

Parent/guardian contacted: _____

Check one: Resolved Unresolved

Referred to: _____

Administrator to complete 3207 F-2 within 5 days and send both 3207 F-1 and F-2 to the Student Services

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