



Alleged HIB Incident Report Form

Reporting person (optional): _____

Targeted student (victim or victims): _____

Your email address (optional): _____

Your phone number (optional): _____ **Today's date:** _____

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

Name(s) of bullies (if known): _____

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

Where did the incident happen? Circle all that apply.

- | | | | | |
|-----------|-------------|-------------|--------------------------|---------------------------|
| Classroom | Playground | Sport field | Internet | Off school property |
| Hallway | Locker room | Parking lot | Cell phone | On the way to/from school |
| Restroom | Lunchroom | School bus | During a school activity | |

Other (Please describe.) _____

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 or in written form
- 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
- Teasing, name calling, critical remarks or threatening by phone, texting, emailing, web posting, etc.
- Other (please describe): _____

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 victim 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: _____

Circle one: *Resolved* *Unresolved*

Referred to: _____

Date form was sent to District HIB Compliance Officer: _____