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): ____________________________________________________________

Please make sure both sides are completed
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: ______________________________