

EDISON TOWNSHIP SCHOOL DISTRICT

HIB Incident Written Reporting Form
(completed within two school days of verbal report)

Incident

Today's Date: _____ Date(s) you learned of Alleged HIB Incident: _____

Name of person filling out report: _____

Check whether you are: Student Parent/Guardian Administrator Staff Member
 Other (specify) _____

Name of Target(s) of Alleged HIB: _____ Grade: _____

_____ Grade: _____

Name of Offender(s) of Alleged HIB: _____ Grade: _____

_____ Grade: _____

List people who witnessed the incident or may have information about it:

Name: _____ Student Staff Parent Other

_____ Student Staff Parent Other

_____ Student Staff Parent Other

Check the actual or perceived characteristic(s) that was or may have been the motivational factor in the alleged HIB incident:

- | | |
|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Gender Identity & Expression |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Mental, Physical, or Sensory Disability |
| <input type="checkbox"/> Other actual or perceived characteristic (specify) <u>size/weight</u> _____ | |
| <input type="checkbox"/> Not Sure | |

Indicate how you learned that the student may have been the target of the alleged HIB incident.

Witnessed Incident Informed by Target

Informed by Other Person Name: _____

Location of alleged HIB incident - Check and Complete all that apply:

School Property (specify) _____

School-sponsored Function (specify) _____

School Bus Off School Grounds (specify) _____

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Mark the statement(s) that best describes the behavior reported:

<input type="checkbox"/> Physical aggression or contact to a student	<input type="checkbox"/> Destruction of property
<input type="checkbox"/> Teasing or name-calling	<input type="checkbox"/> Stalking another student
<input type="checkbox"/> Insulting or demeaning comments	<input type="checkbox"/> Publicly humiliating a student
<input type="checkbox"/> Threatening comments, gestures or physical acts	<input type="checkbox"/> Stealing or theft
<input type="checkbox"/> Intimidating conduct toward another student	<input type="checkbox"/> Defacing/destroying property
<input type="checkbox"/> Spreading harmful rumors or gossip about a student	<input type="checkbox"/> Excluding or rejecting a student
<input type="checkbox"/> Getting another person to harm a student	<input type="checkbox"/> Extorting or exploiting a student

Electronic communication (specify)

Other: (specify)

Please provide any further detail below:

Signature of Person Making Report Position (Staff Member/Student/Parent/Guardian) Date

Signature of Person Receiving Report Position Date