Harassment, Intimidation or Bullying (HIB)

Incident Reporting Form

Reporting person (optional):								
Targeted student:								
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 dates did the incident(s) happen (if known):								
Where did the incident happen? Circle all that apply.								
Classroom Parking lot Off school prop		Hallway School bus erty		Playground Cell phone o/from school	Locker room Lunchroom During a school activity Sport field			
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, 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, emailing, web posting, etc.)							
	Other							
If you select other, please describe:								

Why do you think the harassmen	t, intimidation	or bullying	occurred?
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Were there any witnesses? Yes 🔲 No 🗌	If yes, please provide their names:
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Did a physical injury result from this incident? If yes, please describe.

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Was the target absent from school as a result of the incident? Yes No If yes, please describe
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Is there any additional information?

Thank you for reporting!

		For Office Use
Received by:		
Date received	:	
Action taken:		
Parent/guardi	an contacted:	
Circle one:	Resolved	Unresolved
Referred to:		