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

Revised 2/2/12