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