Harassment, Intimidation or Bullying (HIB)
Incident Reporting Form

I would like this report to be:  □ Anonymous  □ Confidential  □ Non-Confidential

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   Sport field
Parking lot   School bus   Internet   Cell phone   During a school activity   Off school property
On the way to/from school

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.
___________________________________________________________________________________________

Has the targeted student missed 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----------------------------------------------------------------
Type of Report: □ Anonymous □ Confidential □ Non-Confidential
Received by: ____________________________________________________________
Date received: ______________________________
Action taken: __________________________________________________________
Parent/guardian contacted: _______________________________________________
Circle one: Resolved Unresolved
Referred to: ______________________________