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:  ____________________________________________________________