

Incident Reporting Form

Reporting person: _____

Your email address: _____

Your phone number: _____ Today's date: _____

Targeted student: _____ School: _____

Name of school adult you've already contacted (if any) _____

Name(s) of bullies (if known): _____

How do you know this person(s)? _____

On what dates did the incident(s) happen (if known): _____

Have you talked to this person about their actions? _____

Where did the incident happen? Check all that apply:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Hallway | <input type="checkbox"/> Restroom | <input type="checkbox"/> Playground |
| <input type="checkbox"/> Locker room | <input type="checkbox"/> Lunchroom | <input type="checkbox"/> Sport field | <input type="checkbox"/> Parking lot |
| <input type="checkbox"/> School bus | <input type="checkbox"/> Internet | <input type="checkbox"/> Cell phone | <input type="checkbox"/> During school activity |
| <input type="checkbox"/> Off school property | <input type="checkbox"/> On the way to school | <input type="checkbox"/> On the way home | |

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, please describe on page 2

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: _____

Is there any additional information? _____

Thank you for reporting!

----- For Office Use -----

Received by: _____

Date received: _____

Action taken: _____

Name of parent/guardian contacted: _____

Check one: Resolved Unresolved Not an HIB infraction

Referred to: _____