

Trout Lake School
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 aggressor(s) (if known): _____

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

Check where the incident happened? Circle all that apply.

- | | | | | | |
|---|--|--|-------------------------------------|--|--|
| ☐ Classroom | ☐ Hallway | ☐ Restroom | ☐ Playground | ☐ Locker room | ☐ Lunchroom/Cafeteria |
| ☐ Sport field | ☐ Gym | ☐ Parking lot | ☐ School bus | ☐ Online/Internet | ☐ Cell phone |
| ☐ During a school activity | ☐ Off school property | ☐ On the way to/from school | | | |

Other (Please describe.) _____

Please check all boxes that best describes what the behavior was.

- | | | |
|--|---|---|
| ☐ Blocked movement | ☐ Gestures (Explain) | ☐ Racial slur(s) |
| ☐ Damage to my property | ☐ Gossip | ☐ Repeated behavior |
| ☐ Derogatory comments | ☐ Intimidation directed at me | ☐ Sexual stories/jokes/pictures |
| ☐ Disrespectful comments | ☐ Name calling | ☐ Sexual Orientation Slurs |
| ☐ Electronic / Cyberbullying | ☐ Offensive writing or graffiti | ☐ Slurs, rumors, jokes |
| ☐ Excluding me from activities | ☐ Physical harm or threats of harm | ☐ Spreading rumors |
| ☐ Hazing (Club, team, class, other) | ☐ Pranks | ☐ Threats (to me, friends, school) |
| ☐ Gender slurs | ☐ Put downs | ☐ Touching / grabbing |

☐ **Other: (Please describe.)**

Why do you think this 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 targeted student absent from school as a result of the incident? Yes
No If yes, please describe**

**Are there any notes, pictures, texts, screenshots or other evidence of the event(s) you
are reporting?**

**Is there any additional information you
can add?**

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

Received by:

Date received:

Action taken:

Parent/guardian contacted:

Circle one: Resolved Unresolved Referred to: _____