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:_____

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

☐ Other: (Please describe.)