Reardan-Edwall School District
Prohibition Against Harassment, Intimidation and Bullying
Incident Reporting Form

Reporting person (Optional): _____ **Today's Date:** _____

Targeted student(s): _____

Your email address (optional): _____

Your phone number (optional): _____ **Best way to contact:** ☐ **phone** ☐ **email**

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

Name(s) of alleged aggressor (if known): _____

☐ **Check if this is the <u>First Incident.</u>** ☐ **Check if this has been <u>Ongoing</u>. For how long?**

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

_____

Where did the incident happen? Check all that apply:
☐ Classroom ☐ Hallway ☐ Restroom ☐ Playground ☐ Locker room ☐ Lunchroom ☐ Sports field ☐ Parking lot ☐ School bus ☐ On-line ☐ Cell phone ☐ During a school activity ☐ Off school property ☐ On the way to/from school ☐ Other (please describe):

_____

Please check below all that apply:

☐ Hitting, kicking, shoving, spitting, hair pulling, touching, grabbing or throwing something at student	☐ Getting another person to hit or harm the student	☐ Physical harm or threats
☐ Blocked movement	☐ Intimidation directed toward me	☐ Excluding or rejecting the student
☐ Making rude and/or threatening gestures	☐ Spreading hurtful rumors or gossip	☐ Making my environment feel threatening
☐ Making the student fearful, demanding money or exploiting	☐ Damage to my property	☐ Offensive writing or graffiti
☐ Pranks	☐ Disrespectful comments	☐ Derogatory comments
☐ Name calling	☐ Racial slur(s)	☐ Gender slurs
☐ Sexual orientation slurs	☐ Sexual stories/jokes	☐ Cyber bullying (calling, texting, emailing, social media posting, etc.)
☐ Repeated behavior	☐ Other, Describe:	

Description of incident/situation (Continue on another page if needed):

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? ☐ Yes ☐ No 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, screen shots or other evidence of the event(s) you are reporting?
☐ Yes ☐ No If yes, please describe (and attach):

_____

Is there any additional information you can add?

_____

_ Thank you for reporting.
Return Incident Reporting Form to the School Principal.

For Internal Use ONLY:			
Above Report Received By:		**Date Received:**	
Interview Conducted By:		**Today's Date:** Within 2 days of receipt	
Report being made is:	☐ **Anonymous** ☐ **Confidential** ☐ **Non-Confidential**		
Family of Targeted Student(s) Notified	☐ **Phone** ☐ **Text** ☐ **Email** ☐ **Other:** _____ **Name/Relationship:**	**Date:** Within 2 days of receipt	
Family of Alleged Aggressor(s) Notified	☐ **Phone** ☐ **Text** ☐ **Email** ☐ **Other:** _____ **Name/Relationship:**	**Date:** Within 2 days of receipt	
Compliance Officer Notified:	☐ **Yes Date:** _____ **Check one:** ☐ **Resolved** ☐ **Unresolved**		
Action Taken:			
Report entered in Skyward (*See directions for entering into Discipline Notes)	☐ **Yes** Code Short Description Long Description DDIS Alleg-Disability Allegation Disability DGEN Alleg-Gender Allegation Gender DISC Discipline Discipline DRAC Alleg-Race Allegation Race DREL Alleg-Religion Allegation Religion DSO Alleg-Sex Orien Allegation Sexual Orientation *IF the allegation is not connected to a protected class, enter with DISC code and description write "HIB incident report form".	**Date:**	
Paperwork sent to Compliance Officer	☐ **Yes**	**Date:**	