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 dates did the incident(s) happen (if known):
____________________________________________

Where did the incident happen? 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 the box that best describes what the bully did. Please choose all that apply.

☐ Blocked movement  ☐ Damage to my property  ☐ Racial slur(s)

☐ Gestures (Explain)  ☐ Gossip  ☐ Repeated behavior

☐ Intimidation directed at me  ☐ Name calling  ☐ Sexual stories/jokes/pictures

☐ Offensive writing or graffiti  ☐ Physical harm or threats of harm  ☐ Sexual Orientation Slurs

☐ Pranks  ☐ Put downs  ☐ Slurs, rumors, jokes

☐ Excluding me from activities  ☐ Gender slurs  ☐ Spreading rumors

☐ Hazing (Club, team, class, other)  ☐ Other slurs  ☐ Threats (to me, friends, school)

☐ Other: (Please describe.)

HIB Incident Report Form

Updated Feb. 2019
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, screen shots or other evidence of the event(s) you are reporting?
___________________________________________________________________________________________

Is there any additional information you can add?
___________________________________________________________________________________________

___________________________________________________________________________________________

Thank you for reporting!

For Office Use

Received by: ______________________________________________________________________________

Date received: ___________________________________

Action taken: ______________________________________________________________________________

Parent/guardian contacted: ___________________________________________________________________

Circle one: Resolved Unresolved

Referred to: _____________________________________