Harassment, Intimidation or Bullying (HIB)

Incident Reporting Form

Reporting person (optional):			
Targeted student:			
Your email address (optional):			
Your pl	Your phone number (optional):Today's date:		
Name of school adult you've already contacted (if any):			
Name(s) of bullies (if known):			
On wha	at dates did the incident(s) happen (if known):		
Where	did the incident happen? Circle all that apply.		
Classro Parking Off sch	, , , , , , , , , , , , , , , , , , , ,		
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		
If you s	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.	
Was the target absent from school as a result of the incident? Yes ☐ No ☐ If yes, please describe	
Is there any additional information?	
Thank you for reporting!	
For Office Use	
Received by:	
Date received:	
Action taken:	
Parent/guardian contacted:	
Circle one: Resolved Unresolved	
Referred to:	