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 bullies (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
Parking lot    School bus    Internet    Cell phone    During a school activity
Off school property    On the way to/from school    Sport field

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 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: ________________________________

Revised 2/2/12