Star School District No. 054
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    Sport field
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.

☐ 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: ____________________________

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