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.						
Classro Parking Off sch		allway chool bus ty	Restroom Internet On the way to	Playground Cell phone D/from school	Locker room Lunchroom During a school activity 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!
Pageived by:
Received by:
Date received:
Action taken:
Parent/guardian contacted:
Referred to: