



Spotswood Public Schools HIB Incident Report Form

This form is to be maintained with confidentiality in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g.

Bullying, harassment, and intimidation are serious offenses and will not be tolerated. If you are a student, the parent/guardian of a student, a volunteer, or a visitor, and wish to report an incident of alleged bullying/harassment/intimidation, complete this form and return it to the principal or administrative designee at the student's school. All school employees are required to report alleged violations. This form can be completed anonymously by omitting signature and name and returning to the main office of the school.

Name of Student Target: _____ Grade/School: _____

Name(s) of Alleged Offender(s): _____ Grade/School: _____

_____ Grade/School: _____

_____ Grade/School: _____

Is he/she a student? _____

Incident Date(s): _____

Incident Time: _____

Where did the incident occur? (Check all that apply)	What happened during the incident? (Check all that apply)	Did a physical injury result from the incident? (Check one)
<input type="checkbox"/> School Bus/Stop <input type="checkbox"/> To/From School <input type="checkbox"/> Text/Phone/Internet/Social Media <input type="checkbox"/> School Sponsored Activity <input type="checkbox"/> Event Off School Property <input type="checkbox"/> School Grounds <input type="checkbox"/> Other <i>Please Specify:</i> _____	<input type="checkbox"/> Taunting <input type="checkbox"/> Threat <input type="checkbox"/> Intimidation <input type="checkbox"/> Stalking <input type="checkbox"/> Theft <input type="checkbox"/> Retaliation <input type="checkbox"/> Humiliation <input type="checkbox"/> Exclusion <input type="checkbox"/> Physical Contact <input type="checkbox"/> Cyber Bullying <input type="checkbox"/> Other	<input type="checkbox"/> No <input type="checkbox"/> Yes, Medical Attention Required <input type="checkbox"/> Yes, Medical Attention Not Required
		Was the student absent from school as a result of the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Days Absent _____

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Describe the incident in detail: (Who, what, when, where)

Leave the following blank if reporting anonymously.

You are: Student Faculty/Staff Parent/Guardian Other: _____

Name of person reporting incident: _____

Telephone/Cell information: _____

Signature: _____

Date: _____