Harassment, Intimidation or Bullying (HIB) Incident Reporting Form

I would like this report to be: □ Anonymous □ Confidential □ Non-Confidential

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  Sport field
Parking lot  School bus  Internet  Cell phone  During a school activity  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: ______________________________________________________

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.
___________________________________________________________________________________________

Has the targeted student missed 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-------------------------------------------------------------------------------------------------------

Type of Report: □ Anonymous □ Confidential □ Non-Confidential

Received by: __________________________________________________________

Date received: __________________________

Action taken: ________________________________________________________

Parent/guardian contacted: _____________________________________________

Circle one: Resolved Unresolved

Referred to: _________________________________________________________