



Harassment, Intimidation or Bullying (HIB) Incident Reporting Form

Building: _____

Reporter is (select one):

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 bully(ies) (if known): _____

On what dates did the incident(s) happen (if known): _____

Where did the incident happen? Check 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.)
- Racial Motivation (protected classes include sex, race and color, religion and creed, national origin, sexual orientation, gender identity and gender expression, and disability)
- Other – Please describe:

* Individuals may file a report without revealing their identity or asking that their identity be kept secret. No disciplinary action will be taken against an alleged aggressor based solely on anonymous or confidential reports.

** Non-confidential reporters will be subject to due process requirements and may require the district to release all of the information it has regarding the complaint to any individuals involved in the incident, but even then, information will still be restricted to those with a need to know, both during and after the investigation. The district will fully implement the anti-retaliation provision of policy 3207.

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? Yes No

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: _____
(Administrator)

Date received: _____

Action taken: _____

Parent/guardian contacted: _____

Circle one: Resolved Unresolved

Referred to: _____