

**Harassment, Intimidation and Bullying (HIB) Incident Report Form**

Name(s) of Alleged Target: \_\_\_\_\_

Name(s) of Alleged Offender: \_\_\_\_\_

School: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

**Please check all boxes below in which the actual or perceived characteristic was or may have been a motivational factor in the alleged HIB incident.**

- Race                       National Origin                       Gender                       Mental or Physical Disability  
 Color                       Ancestry                       Sexual Orientation                       Gender Identity and Expression  
 Religion                       Other Actual or Perceived Characteristic (*list characteristic*): \_\_\_\_\_

**How did you learn that a student may have been the target of HIB? Please check the appropriate box below.**

- Alleged Target (*self-report*)     Witnessed Incident     Informed by Alleged Target  
 Informed by (*name of person(s)*): \_\_\_\_\_

**Please list below any persons who you know or have reason to believe may have information regarding this matter. Please identify if they are a student, staff member, parent, other. (Example: John Doe, teacher)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please check the box below that identifies the location and time of the alleged HIB incident.**

- Location on School Property: \_\_\_\_\_  
 Name/Date of School Sponsored Event: \_\_\_\_\_  
 School Bus Incident Before School     School Bus Incident After School     School Bus Incident on Field Trip  
 Off School Grounds (please explain): \_\_\_\_\_  
 Electronic Communication (cell phone, internet, digital media, etc.)

**Please describe nature of alleged HIB. Include any gesture, relevant verbal, written or physical acts, or any electronic communication.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information contained in this report is accurate and true to the best of my knowledge.

*Individuals, other than district personnel, may choose to submit this report anonymously. Please note, in accordance with the Anti-Bullying Bill of Rights Act, no formal disciplinary action is permitted on the basis of anonymous reporting alone.*

Name of Person Reporting: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR DISTRICT USE ONLY**

Name of Person Verbally Reporting: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Person Receiving Report: \_\_\_\_\_ Date Report Received: \_\_\_\_\_

Date Principal Received Verbal Report: \_\_\_\_\_ Date Principal Received Written Report: \_\_\_\_\_

Date Principal Initiated Investigation: \_\_\_\_\_ Report No.: 201920-\_\_\_\_\_