

Harassment, Intimidation and Bullying (HIB) Incident Report Form

Name(s) of Alleged Target: _____

Name(s) of Alleged Perpetrator: _____

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:** _____

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Name of Person Receiving Report: _____ **Date Report Received:** _____

Date Principal Received Verbal Report: _____ **Date Principal Received Written Report:** _____

Date Principal Initiated Investigation: _____ **Report No.: 201617-** _____