Harassment, Intimidation or Bullying (HIB)
Incident Reporting Form

Your name (optional): ___________________________________________ Today’s date: ____________________________

Targeted (Bullied) (if different than reporting person): ______________________________________________________

Name(s) of bullies (if known): _________________________________________________________________________

Your email address (optional): ___________________________ Your phone number (optional): ______________

Name of school adult you’ve already contacted (if any): ______________________________________________________

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

Where/how did the incident happen? ___________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

__________________________

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. __________________________

________________________________________________________

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 ONLY

Received by: ___________________________ Date received: ______________

Was this reported in Skyward? ______________ Action taken: __________________________

Parent/guardian contacted (Names and dates contacted): __________________________

Circle one:  Resolved  Unresolved

Referred to: __________________________

Additional Comments __________________________

________________________

8/30/16 jrf