School Name:	



Harassment, Intimidation or Bullying (HIB) Incident Reporting Form

This form is to be used by any student who believes they have been the target of unresolved, severe, or persistent harassment, intimidation, or bullying, or any other person in the school community who observes or receives notice that a student has or may have been the target of unresolved, severe, or persistent harassment, intimidation, or bullying.

Today's Date:			
Reporting person (option	nal):		
Targeted student:	Grade:		
Your email address (opt	ional):		
Name of school adult yo	ou've already contacted (if	any):	
Name(s) of aggressor(s)	(if known):		
On what dates did the i	ncident(s) happen (if know	/n):	
Please check the box	that best describes whe	re the incident happene	ed. Please choose all that apply.
Classroom	Locker Room	Parking Lot	During a school activity
Hallway	Lunchroom	School Bus	During a school sporting event
Restroom	Sport field	Online/Internet	Off school property
Playground	Gym	Cell Phone/Text	On the way to/from school
Other (Please de	escribe):		

Please check the box that best describes what the alleged aggressor did. Please choose all that apply.

Sharing inappropriate drawings/cartoons/photographs/images/notes.

Cyber bullying (bullying by calling, texting, emailing, web posting, etc.)

Spreading harmful rumors or gossip.

Excluding and/or rejecting the individual.

Hitting, kicking, shoving, spitting, hair pulling or throwing something at the individual.

Making rude, threatening and/or critical gestures or remarks.

Getting another person to hit or harm the individual.

Making the individual fearful (intimidating, humiliating, retaliation)

Putting the individual down and making the individual a target of jokes, teasing, or name calling Sexual harassment: Making unwelcomed sexual advances, requests for sexual favors, sexually motivated physical contact or other verbal or physical conduct of a sexual nature. Sexual stories/jokes/pictures.

Sexual Orientation Slurs. Gender slurs. (See School Board Policy and Procedures 3214/3214P)

Discrimination: harassment motivated by race, color, religion, ancestry, national origin, cultural, gender, socio-economic status, sexual orientation including gender expression or identity, mental or physical disability or other distinguishing characteristics.

Other (Please Describe):

Describe what hap	ppened?				
NA/ava th ava ava vi	:t======2	. Na	lf.vas mlassa mus		
Were there any wi	itnesses? Ye	es No	it yes, piease pro	ovide their names:	
Did a physical inju	ry result from th	is incident?	Yes No	If yes, please describe:	
Was the targeted s If yes, please descr		rom school be	ecause of the incid	ent? Yes No	
Are there any note	es, pictures, text	s, screen shot	s or other evidenc	e of the event(s) you are reporting?	
What is the desire	d resolution or o	outcome?			
district policy and wi	ll result in disciplin	ary action. F	or School Use	be true. To intentionally give a false repo	
Received by:	(Building Pri	ncipal or Desigi	nee)	Date received:	
Action taken:					
Parent/guardian co	ontacted:	othed of control		(Date of contact)	
Check one:				ot meet the definition of HIB)	
	Unresolved	d Incident (be	gin investigation p	rocess per Board Procedures 3216P)	
If referred referre	d to:			(Councelor ESS SSA SPO DO a	atc)