

HARASSMENT, INTIMIDATION & BULLYING (HIB)
INCIDENT REPORT FORM

Date of Incident: _____ Time of Incident: _____ Repeat infraction? YES NO

Reported to school by (check all that apply):

- Teacher -Student -Bystander -Victim/Target -Parent -Bus Driver -Anonymous
-Other: _____

Person Reporting incident: _____ **Signature:** _____

<i>Name of Victim(s):</i>	<i>Name of Student(s) Bullying:</i>	<i>Name(s) of Witnesses/By-Standers:</i>

Was this report based on the following protected classes?

Race, color, National Origin: Yes No

Sex (including but not limited to sexual harassment, gender-based discrimination, pregnancy discrimination, athletics, etc.): Yes No

Disability: Yes No

Location of Incident: _____

Type of Bullying:	Related Behaviors:
<input type="checkbox"/> Verbal	<input type="checkbox"/> Threatened <input type="checkbox"/> Taunted/Ridiculed <input type="checkbox"/> Demeaning Comments <input type="checkbox"/> Told lies or False rumors <input type="checkbox"/> Intimidation/Extortion <input type="checkbox"/> Excluded <input type="checkbox"/> Other
<input type="checkbox"/> Physical	<input type="checkbox"/> Stole/Damaged Possessions <input type="checkbox"/> Shoved/Pushed <input type="checkbox"/> Hit, Kicked, Punched <input type="checkbox"/> Writing/Graffiti <input type="checkbox"/> Staring/Leering <input type="checkbox"/> Inappropriate Touching <input type="checkbox"/> Other
<input type="checkbox"/> Cyber-bullying	<input type="checkbox"/> Text Message <input type="checkbox"/> Email <input type="checkbox"/> Facebook, Snapchat, TikTok <input type="checkbox"/> Website <input type="checkbox"/> Other Social Media

Reported to School Nurse? Yes No

Reported to Police? Yes No

Describe the Incident:

Physical Evidence? Notes -Email - Graffiti Video/audio Website
 Other

**** Please attach detailed description of events

Below this line completed by school administration

Actions Taken (see Protocol for Guidelines):

Consequences:

Was this bullying report resolved with suspension of 1 or more students? Yes
 No

Was this bullying report resolved with expulsion of 1 or more students? Yes No

Was this bullying report resolved with a parent conference? Yes No

Referral for additional support services? Yes No

Parent Contact Date: _____ Time: _____ Person making contact: _____

Contact Notes:

FOLLOW-UP CONFERENCE: **Date:** _____ **Time:** _____ **Conducted by:** _____

People present:

<input type="checkbox"/> -Administrator	_____	<input type="checkbox"/> -Social Worker	_____	<input type="checkbox"/> -Counselor	_____
<input type="checkbox"/> -Teacher	_____	<input type="checkbox"/> -Student	_____	<input type="checkbox"/> -Witnesses	_____
<input type="checkbox"/> -Parent	_____	<input type="checkbox"/> -Parent	_____	<input type="checkbox"/> -School Psychologist	_____
<input type="checkbox"/> -Other	_____				

According to student, situation is: -Better -Worse -No difference

Comments: _____

PARENT CONTACT: **Date:** _____ **Time:** _____ **Conducted by:** _____

Additional Actions/Notes: _____
