



Prohibition of Harassment, Intimidation or Bullying (HIB) Incident Reporting Form

Reporting person (optional): _____ Today's date: _____

Targeted student(s): _____

Your email address (optional): _____

Your phone number (optional): _____ Best way to contact: ☐ phone ☐ email

Name of school adult you've already contacted (if any): _____

Name of school adult you've already contacted (if any): _____

Name(s) of alleged aggressor (if known): _____

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

☐ Check if this is the **First Incident**. ☐ Check if this has been **Ongoing**. For how long? _____

On what date(s) did the incident(s) happen (if known)? _____

Where did the incident happen? Check all that apply:

- | | | | | | |
|---|--|--|-------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Hallway | <input type="checkbox"/> Restroom | <input type="checkbox"/> Playground | <input type="checkbox"/> Locker room | <input type="checkbox"/> Lunchroom |
| <input type="checkbox"/> Sports field | <input type="checkbox"/> Parking lot | <input type="checkbox"/> School bus | <input type="checkbox"/> Online | <input type="checkbox"/> Cell phone | |
| <input type="checkbox"/> During a school activity | <input type="checkbox"/> Off school property | <input type="checkbox"/> On the way to/from school | | | |

☐ Other (Please describe.): _____

Please check below all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Hitting, kicking, shoving, spitting, hairpulling, touching, grabbing or throwing something at student | <input type="checkbox"/> Getting another person to hit or harm the student | <input type="checkbox"/> Physical harm or threats |
| <input type="checkbox"/> Blocked movement | <input type="checkbox"/> Intimidation directed toward me | <input type="checkbox"/> Excluding or rejecting the student |
| <input type="checkbox"/> Making rude and/or threatening gestures | <input type="checkbox"/> Spreading harmful rumors or gossip | <input type="checkbox"/> Making my environment feel threatening |
| <input type="checkbox"/> Making the student fearful, demanding money or exploiting | <input type="checkbox"/> Damage to my property | <input type="checkbox"/> Offensive writing or graffiti |
| <input type="checkbox"/> Pranks | <input type="checkbox"/> Disrespectful comments | <input type="checkbox"/> Derogatory comments |
| <input type="checkbox"/> Name calling | <input type="checkbox"/> Racial slur(s)* | <input type="checkbox"/> Gender slurs* |
| <input type="checkbox"/> Sexual orientation slurs* | <input type="checkbox"/> Sexual stories/jokes* | <input type="checkbox"/> Cyber bullying (calling, texting, emailing, social media posting, etc.) |
| <input type="checkbox"/> Repeated behavior | <input type="checkbox"/> Other, describe: _____ | |

Description of incident/situation (continue on another page if needed):

* The district provides several avenues for investigating such complaints under district [Policy 3205](#) and [Procedure 3205P](#) and [Policy 3210](#) and [Procedure 3210P](#). These policies and procedures are available on the district's public [website](#) and will be provided to you by your student's building administrator.

Why do you think this occurred?

Were there any witnesses? ☐ Yes ☐ No If yes, please provide their names: _____

Did a physical injury result from this incident(s)? ☐ Yes ☐ No If yes, please describe.

Was the targeted student absent from school as a result of the incident? ☐ Yes ☐ No If yes, please describe.

Are there any notes, pictures, texts, screen shots or other evidence of the event(s) you are reporting? ☐ Yes ☐ No If yes, please describe (and attach).

Is there any additional information you can add?

Thank you for reporting.
Return Incident Reporting Form to the School Principal.

| For Internal Use ONLY | | | |
|--|--|--|--|
| Above report received by | | Date received: | |
| Interview conducted by | | Today's date: Within 2 days of receipt | |
| Report being made is | <input type="checkbox"/> Anonymous <input type="checkbox"/> Confidential <input type="checkbox"/> Non-Confidential | | |
| Family of targeted student(s) notified | <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Other: _____ Name/relationship: _____ | Date: Within 2 days of receipt | |
| Family of alleged aggressor(s) notified | <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Other: _____ Name/relationship: _____ | Date: Within 2 days of receipt | |
| Compliance officer notified | <input type="checkbox"/> Yes Date: _____ Check one: <input type="checkbox"/> Resolved <input type="checkbox"/> Unresolved | | |
| Action taken | | | |
| Investigation complete | <input type="checkbox"/> Yes | Date: within 5 days of parent notification | |
| Finding letters sent | <input type="checkbox"/> Yes | Date: within 2 days of completed investigation | |
| Paperwork sent to Compliance Officer | <input type="checkbox"/> Yes | Date: | |

Revised: July 2013
Revised: June 2019

Revised: June 2020
Revised: September 2020

Revised: September 2022