



**HARASSMENT, INTIMIDATION, AND BULLYING (HIB)
INCIDENT REPORTING FORM**

(For Student Issues)

Items denoted with a red asterisk * are required.

1. Today's date: _____
2. *School building: _____
3. Reporting person: _____
4. Your relation to the district: Student Parent/Guardian District Employee
5. Your email address: _____
6. Your phone number: _____
7. Name of school adult you've already contacted (if any): _____
8. *Targeted student: _____
9. Name(s) of aggressors (if known): _____
10. Is the aggressor a district employee?: No Yes
11. On what days did the incident happen (if known): _____
12. Where did the incident happen (e.g. classroom, playground, internet, school bus)? Please list all areas:

13. Please describe what the aggressor did (e.g. hitting, teasing, threatening, exploiting, etc.):

14. Why do you think the harassment, intimidation or bullying occurred?

15. Please name any witnesses (leave blank if no witnesses):

16. Please describe any physical injury that occurred as a result of this incident (leave blank if no physical injuries occurred):

17. If the target was absent from school as a result of the incident, please describe (leave blank if not absent):

18. Is there any additional information?

>>> OFFICE USE ONLY <<<

Received by: _____ Date received: _____ HIB Case #: _____