

## Incident Reporting Form

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Reporting person: \_\_\_\_\_

Your email address: \_\_\_\_\_

Your phone number: \_\_\_\_\_ Today's date: \_\_\_\_\_

Targeted student: \_\_\_\_\_ School: \_\_\_\_\_

Name of school adult you've already contacted (if any) \_\_\_\_\_

Name(s) of bullies (if known): \_\_\_\_\_

How do you know this person(s)? \_\_\_\_\_

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

Have you talked to this person about their actions? \_\_\_\_\_

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"/> Sport field     | <input type="checkbox"/> Parking lot            |
| <input type="checkbox"/> School bus          | <input type="checkbox"/> Internet             | <input type="checkbox"/> Cell phone      | <input type="checkbox"/> During school activity |
| <input type="checkbox"/> Off school property | <input type="checkbox"/> On the way to school | <input type="checkbox"/> On the way home |   |

Other (please describe) \_\_\_\_\_

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

- Hitting, kicking, shoving, spitting, hair pulling or throwing something at the student
- Getting another person to hit or harm the student
- Teasing, name calling, making critical remarks or threatening in person, by phone, by e-mail, etc
- Putting the student down and making the student a target of jokes
- Making rude and/or threatening gestures
- Excluding or rejecting the student
- Making the student fearful, demanding money or exploiting
- Spreading harmful rumors or gossip
- Cyber bullying (bullying by calling, texting, emailing, web posting, etc.)
- Other, please describe on page 2

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If you select other, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

Is there any additional information? \_\_\_\_\_

\_\_\_\_\_

*Thank you for reporting!*

----- For Office Use -----

Received by: \_\_\_\_\_

Date received: \_\_\_\_\_

Action taken: \_\_\_\_\_

Name of parent/guardian contacted: \_\_\_\_\_

Check one: Resolved  Unresolved  Not an HIB infraction

Referred to: \_\_\_\_\_