Incident Reporting Form

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:

☐ Classroom ☐ Hallway ☐ Restroom ☐ Playground
☐ Locker room ☐ Lunchroom ☐ Sport field ☐ Parking lot
☐ School bus ☐ Internet ☐ Cell phone ☐ During school activity
☐ Off school property ☐ On the way to school ☐ 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
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: 

Policy Forms: 9-28-11