



Harassment, Intimidation or Bullying (HIB) Incident Reporting Form

Your name (optional): _____ Today's date: _____

Targeted (Bullied) (if different than reporting person): _____

Name (s) of bullies (if known): _____

Your email address (optional): _____ Your phone number (optional): _____

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

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

Where/how did the incident happen? _____

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.

Was the target absent from school as a result of the incident? Yes No If yes, please describe

Is there any additional information? _____

Thank you for reporting!

FOR OFFICE USE ONLY

Received by: _____ Date received: _____

Was this reported in Skyward? _____ Action taken: _____

Parent/guardian contacted (Names and dates contacted) : _____

Circle one: Resolved Unresolved

Referred to: _____

Additional Comments _____
