

Blaine School District
Harassment, Intimidation, or Bullying (HIB)
Incident Report Form

In order to protect a targets student from retaliation, a student need not reveal his identity on the Incident Report Form. The form may be filed anonymously, confidentially, or the student may choose to disclose his or her identity (non-confidential).

Date: _____

BASIC INFORMATION

Targeted Student: _____ **Grade:** _____

Person completing Incident Reporting Form:

Name: _____ **Phone:** _____

INFORMATION ABOUT THE INCIDENT

Individual(s) being reported: _____

Date of Incident: _____ **Time:** _____

Where the incident happened (check all that apply):

Classroom Hallway Restroom Playground Locker Room Lunchroom
 Sport field Parking lot School Bus Internet Cell phone
 During a school activity Off school property On the way to/from school
 Other (describe): _____

Check what best describes happened to the targeted Student (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, email, 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.)

Write a brief summary of the incident: _____

Name(s) of witness (if any): _____

Did a physical injury result from this incident? If yes, please describe: _____

Any additional information: _____

SCHOOL DISTRICT USE

Received By: _____ **Date Received:** _____