

# Southside School District Harassment, Intimidation or Bullying (HIB) Incident Reporting Form

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

Reporting Person (optional): \_\_\_\_\_

Your email address optional): \_\_\_\_\_

Your phone number (optional): \_\_\_\_\_

Today's date: \_\_\_\_\_

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

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

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

Where did the incident happen?

Circle all that apply.

Classroom Hallway Restroom Playground Locker Room Lunch Room Sport Field Parking Lot

School Bus Internet Cell Phone During a school activity Off school property On the way to school

Other (Please describe) \_\_\_\_\_

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
- 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)

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Why do you think the harassment, intimidation or bullying occurred? \_\_\_\_\_

\_\_\_\_\_

Were there any witnesses? Yes  No  If yes, please provide their names and contact information.

\_\_\_\_\_

\_\_\_\_\_

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Information.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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For Office Use Only

Received By \_\_\_\_\_

Date Received \_\_\_\_\_

Action Taken \_\_\_\_\_

Parent / Guardian Contacted \_\_\_\_\_

Resolved \_\_\_\_\_ Unresolved \_\_\_\_\_

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

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