



Elementary Harassment / Intimidation Bullying Report

Today's date: _____

Your Name: _____ I wish to remain anonymous.

Victim: _____ Grade: _____ School: _____

Your Relationship to Victim: *Check Box Below*

I was bullied I witnessed bullying I am a parent/ guardian of a victim Staff member School volunteer Friend or classmate of the victim

(Note: email and phone number will remain confidential)

Your Email Address *(optional)*: _____ Your Phone Number *(optional)*: _____

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

Name(s) of bully / bullies, including nicknames (if known): _____

When did the incident(s) occur? Date: _____ Time: _____ / Date: _____ Time: _____

Where did the incident(s) occur? On School Property Off School Property

If the incident occurred on school grounds ... where did it happen? *Check Box Below*

Classroom Hallway Restroom Playground Lunch Room Sport Field Gym Parking Lot Library Court Yard Internet
 At a School Event School Bus Cell Phone On the Way to School On the Way Home From School Other: _____

If the incident occurred off school property? Where? _____

Please tell what happened: (Use check-off sheet on back if you would like)

How did you feel when this happened? _____

Why do you think this is happening? _____

Were there any witnesses? No Yes (If yes, please provide their name/s) _____

Did a physical injury result from this incident? No Yes (If yes, please describe) _____

Did this cause a problem with coming to school? No Yes

(If yes, please describe) _____

Thanks you for reporting!

Additional Information: *Please Check All Shaded Boxes that apply.* Write or add more if you would like.

Physical:

<input type="checkbox"/>	Hitting, kicking, shoving, elbowing, hair pulling, spitting, biting, etc	<input type="checkbox"/>	Stealing something from the victim
<input type="checkbox"/>	Making rude or threatening gestures	<input type="checkbox"/>	Throwing something at the victim
<input type="checkbox"/>	Blocking the way of the victim or locking the victim in a room	<input type="checkbox"/>	Threatening with a weapon
<input type="checkbox"/>		<input type="checkbox"/>	

Verbal:

<input type="checkbox"/>	Teasing, name calling, making critical/negative remarks, put downs	<input type="checkbox"/>	Making the victim the target of jokes
<input type="checkbox"/>	Isolating from peers	<input type="checkbox"/>	Spreading harmful rumors / gossip
<input type="checkbox"/>	Threatening	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Racial:

<input type="checkbox"/>	Telling racial jokes	<input type="checkbox"/>	Mocking clothing, traditions, and/or accents
<input type="checkbox"/>	Insulting with a racial bias: graffiti, symbols, photographs	<input type="checkbox"/>	Telling the victim to not respect family customs
<input type="checkbox"/>	Destroying victim's property	<input type="checkbox"/>	Physically attacking (real or threatened) because of race
<input type="checkbox"/>		<input type="checkbox"/>	

Sexual:

<input type="checkbox"/>	Telling sexual jokes within the victim's earshot	<input type="checkbox"/>	Sexual jokes / pictures / teasing
<input type="checkbox"/>	Calling a student sexually offensive names (such as "gay" or "lesbian")	<input type="checkbox"/>	Unwanted touching / pinching / cornering, attempts to kiss or fondle
<input type="checkbox"/>	Sexually demeaning comments, sexually suggestive looks, or gestures	<input type="checkbox"/>	Spreading rumors that are sexual in nature
<input type="checkbox"/>		<input type="checkbox"/>	

Electronic:

<input type="checkbox"/>	Bullying by phone calls, texting, emailing, web posting, etc.	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Other information: _____

School will complete this section before sending a copy to the HIB Compliance Officer at the District Office.

Date received: _____ Received by: _____

Parent / guardian of target contacted (Name and date): _____

Parent /guardian of aggressor contacted (Name and date): _____

Action Taken and Date: _____

Follow up plan: _____

Was HIB found to be based on Gender____ Sexual orientation/identity?____ Race, Color or National Origin____
 Disability____? (Yes or No)

Date to follow up _____ Results _____

Further incidents? _____

Action Taken: _____

Follow up plan _____

Date to follow up _____ Results _____

Additional documentation attached