Hoonah City School District

Harassment, Intimidation or Bullying (HIB)
Incident Reporting Form

Reporting person (optional)**:**
_____

Targeted student:
_____

Your email address (optional)**:**
_____

Your phone number (optional)**:** _____ **Today's date:** _____

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

Name(s) of alleged aggressor (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   Lunchroom   Sport field
          Parking lot   School bus Internet   Cell phone   During a school activity   Off
school property   On the way to/from school

Other (Please describe.) _____

Please check the box that best describes what the aggressor 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

If you select other, please describe: _____

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

_____

Were there any witnesses? (Circle one) 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? (Circle one) **Yes   No   If yes, please describe**

_____

Is there any additional information?

_____

_____

Hoonah City School **Principal, Ralph M. Watkins 907-945-3613 EX 220**

---For Office Use---

Received by:
_____

Date received: _____

Action taken:
_____

Parent/guardian contacted:
_____

Circle one: Resolved   Unresolved

Referred to: _____