

Written Report of Alleged HIB

(Must be submitted to the school principal **within two (2) school days** of witnessing or receiving reliable information that a student has been subject to harassment, intimidation, or bullying)

Today's Date: _____ Date of verbal report: _____

Prepared by: _____

- | | |
|--|--|
| <input type="checkbox"/> Alleged Victim | <input type="checkbox"/> Parent/Guardian of Student (not victim) |
| <input type="checkbox"/> Student | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Parent/Guardian of Alleged Victim | <input type="checkbox"/> Administrator |

Date and Time of Incident: _____

Alleged victim: _____ School: _____

Grade of the alleged Victim: _____ Age of alleged Victim: _____

Alleged Victim's race:

- | | | |
|--|---|---|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> White (non-Hispanic) |

Alleged Victim's education status:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> General Education | <input type="checkbox"/> Student with Disabilities/IEP | <input type="checkbox"/> Non-Student |
| <input type="checkbox"/> Section 504 | | |

Location where the alleged HIB occurred (more than one can be selected):

- | | | |
|--|---|---|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> School Entrance | <input type="checkbox"/> Off Site |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Other-School Grounds | <input type="checkbox"/> (School Sponsored) |
| <input type="checkbox"/> Corridor | <input type="checkbox"/> Other-Inside School | <input type="checkbox"/> Off School Grounds |
| <input type="checkbox"/> Building Entrance | <input type="checkbox"/> Bus | |

Mode of the alleged HIB (more than one can be selected):

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Verbal Communication | <input type="checkbox"/> Electronic Communication | <input type="checkbox"/> Physical Act |
| <input type="checkbox"/> Written Communication | | <input type="checkbox"/> Gesture |

Alleged Offender: _____ School: _____

Grade of the alleged Offender: _____ Age of the alleged Offender: _____

Alleged Offender's race:

- | | | |
|--|---|---|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> White (non-Hispanic) |

Alleged Offender's education status:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> General Education | <input type="checkbox"/> Student with Disabilities/IEP | <input type="checkbox"/> Non-Student |
| <input type="checkbox"/> Section 504 | | |

Complainant: _____

Statement of Complainant *(attach separate pages if necessary)*:

Did a physical injury result from the incident? Yes No. If yes, please describe the injury and if medical attention was necessary *(attach separate pages if necessary)*:

Was the target student absent from school as a result of the incident? Yes No. If yes, please list dates:

Identify what harm you believe was or may have been caused by the incident. Check all that apply:

- Substantially disrupts or interferes with the orderly operation of the school;
- Substantially disrupts or interferes with the rights of other students;
- A reasonable person should know, under the circumstances, will have the effect of physically or emotionally harming a student or damaging the student's property;
- A reasonable person should know, under the circumstances, will have the effect of placing a student in reasonable fear of physical or emotional harm to his person or damage to his property;
- Has the effect of insulting or demeaning any student or group of students;
- Creates a hostile educational environment for the student by interfering with the student's education;
- Creates a hostile educational environment for the student by severely or pervasively causing physical or emotional harm to the student.

If selected, describe the impact(s):

Were there any witnesses? Yes No. If yes, please provide their name(s) and summarize any statements provided to you (attach separate pages if necessary):

Are there any other individuals who may have relevant information regarding the alleged incident? Yes No. If yes, please provide their name(s) (attach separate pages if necessary):