Rochester 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 aggressor(s) (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/Cafeteria

☐ Sport field ☐ Gym ☐ Parking lot ☐ School bus ☐ Online/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 bully did. Please choose all that apply.

☐ Blocked movement
☐ Damage to my property
☐ Derogatory comments
☐ Disrespectful comments
☐ Electronic / Cyberbullying
☐ Excluding me from activities
☐ Hazing (Club, team, class, other)
☐ Gender slurs
☐ Gestures (Explain)
☐ Gossip
☐ Intimidation directed at me
☐ Name calling
☐ Offensive writing or graffiti
☐ Physical harm or threats of harm
☐ Pranks
☐ Put downs
☐ Racial slur(s)
☐ Repeated behavior
☐ Sexual stories/jokes/pictures
☐ Sexual Orientation Slurs
☐ Slurs, rumors, jokes
☐ Spreading rumors
☐ Threats (to me, friends, school)
☐ Touching / grabbing

☐ Other: (Please describe.)

Why do *you* think this occurred?

_____

Were there any witnesses? Yes ☐ No ☐ If yes, please provide their names:

_____

_____

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

_____

Was the targeted student absent from school as a result of the incident? ☐Yes ☐No
If yes, please describe

_____

Are there any notes, pictures, texts, screen shots or other evidence of the event(s) you are reporting?

_____

_____

Is there any additional information you can add?

_____

_____

Thank you for reporting!

----------For Office Use----------

Received by: _____

Date received: _____

Action taken: _____

Parent/guardian contacted: _____

Circle one: Resolved Unresolved

Referred to: _____