



Alleged HIB Incident Report Harassment, Intimidation, and Bullying Empowerment Academy Charter School



****please fill out this form completely before turning it in to the HIB Coordinator (Ms. Shaw)***

Reporting Person (optional):	
Targeted Person (victim or victims):	
Your Email Address (optional):	
Your Phone Number (optional):	
Today's Date:	
School Adult you have Contacted:	
Name(s) of Potential Bullies (if known):	
Date(s) of Incident (if known):	

Where did the incident happen? Circle all that apply.					
classroom	hallway	restroom	playground	locker room	lunchroom
parking lot	school bus	internet	cell phone	sport field	off school property
on the way to/from school	cafeteria	other			

Please check the box that best describes what the bully did.						
hitting	kicking	shoving	spitting	teasing	name calling	hair pulling
throwing something at student	making rude/threatening gestures		excluding or rejecting student			
getting another person to hit or harm the student	critical remarks of threatening person in written form					
making the student fearful	putting the student down and making the student a target of jokes					
demanding money or exploiting						
teasing, name calling, critical remarks or threatening by phone, texting, email, web posting, ect...						
other(please describe): _____						

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

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

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

Was the victim absent from school as a result of the incident? Yes or No. If yes, please describe.

Is there any additional information?

_____Thank you for reporting! _____

For Office Use Only:

Received By:	
Date Received:	
Action Taken:	
Parent/ Guardian Contacted:	
Resolved/ Unresolved:	
Referred To:	