

**Evaline School District
Harassment, Intimidation or Bullying (HIB)
STUDENT Incident Reporting Form**

Date: _____

Reporting Person:(optional) _____

I think I was bullied I think someone else was bullied

Who was being bullied if NOT you: _____

Name(s) of bully(s) (if known): _____

When did this happen? _____

Were there any witnesses? _____

Where did the bullying happen? Circle all that apply

Classroom Recess School Bus Lunchroom Bathroom Hallway Internet

Please check the box that best describes **WHAT** the bully did. **Please check all that apply.**

- Hitting, kicking, shoving, spitting, hair pulling or throwing something at the student
- Getting another student to hit or harm the student
- Teasing, name calling, saying mean words or threatening in person, by phone, by email
- Putting the student down and making the student a target of jokes
- Making rude and/or threatening hand movement (gestures)
- Leaving someone out on purpose, rejecting friendship
- Making the student feel unsafe
- Spreading hurtful rumors or gossip
- Other:(please explain) more room on the back of page if needed

FOR OFFICE USE

Received by:

Date received: _____

Action taken:

Parent/guardian contacted: Yes No

Date and Time Contacted: _____

Check one: Resolved Unresolved

Referred to:
