



Harassment, Intimidation, and Bullying Incident Report Form

Today's Date: _____

Person Reporting Incident:

Scholar

Parent/Guardian

Staff

Other (please describe) _____

Name:

Phone Number: _____ Email: _____

Name and Grade of Targeted Scholar(s):

Name and Grade of Alleged Offender(s):

Date and Time of the Incident:

Location of the Incident (i.e. location on school property, location off school property, electronic communication, or other):

Types of bias involved (if known) (check all that apply):

Race

Color

Disability

Ethnicity

Religion

National Origin

Gender

Sex

Weight/Size

Sexual Orientation

Other (describe) _____

Who else may have witnessed the Incident:

Does the situation continue to occur? Yes No

Individuals you have already spoken to about this incident:

Teacher

School Social Worker

School Leader

Other

No one

Name(s):

When and what as the outcome of this contact?
