Bethel Public Schools
Harassment, Intimidation or Bullying (HIB)
Incident Reporting Form

Reporting person: ________________________________
Your email address: _______________________________
Your phone number: ____________________________ Today’s date: ____________
Targeted student: ____________________________ School: __________________
Name of school adult you’ve already contacted (if any) _______________________________
Name(s) of bullies (if known): ____________________________

How do you know this person(s)? ____________________________
On what dates did the incident(s) happen (if known): ____________________________
Have you talked to this person about their actions? ____________________________
Where did the incident happen? Check all that apply:
☐ Classroom  ☐ Hallway  ☐ Restroom  ☐ Playground
☐ Locker room ☐ Lunchroom ☐ Sport field  ☐ Parking lot
☐ School bus ☐ Internet  ☐ Cell phone  ☐ During school activity
☐ Off school property  ☐ On the way to school  ☐ On the way home
Other (please describe) ____________________________

Please check the box that best describes what the bully did. Please choose all that apply.
☐ Hitting, kicking, shoving, spitting, hair pulling or throwing something at the student
☐ Getting another person to hit or harm the student
☐ Teasing, name calling, making critical remarks or threatening in person, by phone, by e-mail, etc
☐ Putting the student down and making the student a target of jokes
☐ Making rude and/or threatening gestures
☐ Excluding or rejecting the student
☐ Making the student fearful, demanding money or exploiting
☐ Spreading harmful rumors or gossip
☐ Cyber bulling (bullying by calling, texting, emailing, web posting, etc.)
☐ Other, please describe on page 2
If you select other, please describe: __________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Why do you think the harassment, intimidation or bullying 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: __________________________

________________________________________________________________________________________

Is there any additional information? __________________________________________________________

________________________________________________________________________________________

Thank you for reporting!

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

Received by: __________________________________________________________

Date received: __________________________________________________________

Action taken: __________________________________________________________

Name of parent/guardian contacted: _________________________________________

Check one:  Resolved ☐  Unresolved ☐  Not an HIB infraction ☐

Referred to: ____________________________________________________________

Policy Forms: 9-28-11