H.I.B. Reporting Form

This form should be completed to file a complaint related to an incident of harassment, intimidation and/or bullying. All employees and volunteers must report HIB behavior that is reported or witnessed within 24 hours of the alleged incident or receiving the information. This form should be completed and returned to the principal or anti-bullying specialist.

Name of Person Completing This Report:	Title (student, teacl	Title (student, teacher, parent, anonymous)	
Victim's Name:	Grade:	Y.A.L.E. Campus:	
Accused Name:	Grade:	Y.A.L.E. Campus:	
Today's Date:	Date of Incident:	Time of Incident:	
Location of Incident:	List any witnesses:	List any witnesses:	
Describe in as much detail as possible what happened:			
Describe what you believe was the motivation for the incident (why did the person do it?):			
Is there any physical evidence (circle): Writing, picture, video, text message, social media, other:			
Threshold Assessment (For Official Use Only)			
Incident described above – if true – would m	eet criteria to merit HIB inv	estigation:	
[] Yes (initiate investigation) administration)	[] No (file the	his record and refer to	
HIB Specialist Name:	Signature:	Date:	