



School # \_\_\_\_\_ Written Report # \_\_\_\_\_

**Garfield Public School District: Harassment, Intimidation & Bullying (HIB) Reporting Form**

**Directions:** Harassment, Intimidation & Bullying are serious offenses and will not be tolerated. This form is to report an alleged incident that occurred on school property, at a school sponsored event or activity, off of school property, or on a school bus. **Please complete this form and return to the School Principal or Anti-Bully Specialist, even after you have verbally reported the incident.** You may report anonymously. Please contact your school's office for additional information or assistance.

*\*(a separate investigation report form is required for EACH targeted pupil)\**

<b>Name&gt;Contact of Reporter:</b>		<b>Date of Verbal Report:</b>	<b>Date of Written Report:</b>		
<b>Signature of Reporter:</b>		<b>Check One:</b> _____ Student _____ Staff Member _____ Parent\Guardian _____ Volunteer _____ Anonymous			
<b>Name of Targeted Pupil:</b>		<b>Date of Incident:</b>	<b>Location of Incident:</b>	<b>Time of Incident:</b>	
<b>Name of Student(s)/Person(s) Accused of HIB Behavior:</b>					
<b>Mark ALL boxes below in which the actual or perceived characteristic was or may have been a motivational factor in the alleged HIB incident:</b>					
Race: <input type="checkbox"/>	Color: <input type="checkbox"/>	Religion: <input type="checkbox"/>	Ancestry: <input type="checkbox"/>	National Origin: <input type="checkbox"/>	Gender: <input type="checkbox"/>
Sexual Orientation: <input type="checkbox"/>		Gender Identity/Expression: <input type="checkbox"/>		Mental or Physical or Sensory Disability: <input type="checkbox"/>	
<input type="checkbox"/> Other actual or perceived characteristic: (Please list)					
<b>Type of Incident:</b> (Check all that apply) <input type="checkbox"/> <i>Gesture</i> <input type="checkbox"/> <i>Written</i> <input type="checkbox"/> <i>Verbal</i> <input type="checkbox"/> <i>Physical</i> <input type="checkbox"/> <i>Electronic Communication</i>					
<b>Witnesses of Incident:</b>					
<b>Check next to ALL the statement(s) that best describes what happened.</b>					
<input type="checkbox"/> Any bullying, harassment or intimidation that involves physical aggression <input type="checkbox"/> Getting another person to hit or harm the student <input type="checkbox"/> Teasing, name-calling, making critical remarks or threatening, in person or by other means <input type="checkbox"/> Demeaning & making the targeted pupil of jokes		<input type="checkbox"/> Making rude and/or threatening gestures <input type="checkbox"/> Excluding or rejecting the student <input type="checkbox"/> Intimidating (bullying), extorting or exploiting <input type="checkbox"/> Spreading harmful rumors or gossip <input type="checkbox"/> Electronic communication (specify) <input type="checkbox"/> Other (specify)			
<b>Describe nature of alleged harassment, intimidation or bullying. Include any gesture, relevant verbal, written or physical act(s), or any electronic communication.</b>					
<b>What harm do you believe was or may have been caused by the alleged incident? Check all that apply.</b>					
Substantial disruption or interference with orderly operation of school rights of others: <input type="checkbox"/>		Insulted or demeaned a student or a group of students: <input type="checkbox"/>			
Target was in fear of physical or emotional harm or damage to personal property: <input type="checkbox"/>		Accused knew action would physically or emotionally cause harm or damage target's property: <input type="checkbox"/>			
Interferes with student's education: <input type="checkbox"/>		Creates a hostile educational environment by severely or pervasively causing physical or emotional harm to the student: <input type="checkbox"/>			
<i>*Students/Parents ONLY may choose to submit this report anonymously. Please note, in accordance with the Anti-Bullying Bill of Rights Act, no formal disciplinary action is permitted on the basis of anonymous reporting alone.*</i>					

\_\_\_\_\_  
Name/Signature of Person Receiving Report

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Received

Updated: July 2015

CONFIDENTIAL