



Grapeview Harassment, Intimidation or Bullying (HIB)

Reporting person (optional): \_\_\_\_\_

Targeted student: \_\_\_\_\_

Your email address (optional): \_\_\_\_\_

Your phone number (optional): \_\_\_\_\_ Today's date: \_\_\_\_\_

Name of school adult you've already contacted (if any): \_\_\_\_\_

Name(s) of bullies (if known):  
\_\_\_\_\_

On what dates did the incident(s) happen (if known):  
\_\_\_\_\_

Where did the incident happen? Circle all that apply.

- |                      |                                      |          |            |                          |           |             |
|----------------------|--------------------------------------|----------|------------|--------------------------|-----------|-------------|
| Classroom            | Hallway                              | Restroom | Playground | Locker room              | Lunchroom | Sport field |
| Parking lot property | School bus On the way to/from school | Internet | Cell phone | During a school activity |           | Off school  |

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 bullying (bullying by calling, texting, emailing, web posting, etc.)
- Other

If you select other, please describe: \_\_\_\_\_



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Why do you think the harassment, intimidation or bullying occurred?

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Were there any witnesses? Yes  No  If yes, please provide their names:

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Did a physical injury result from this incident? If yes, please describe.

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Was the target absent from school as a result of the incident? Yes  No  If yes, please describe

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Is there any additional information?

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Thank you for reporting!

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

Received by: \_\_\_\_\_

Date received: \_\_\_\_\_

Action taken: \_\_\_\_\_

Parent/guardian contacted: \_\_\_\_\_

Circle one:    Resolved        Unresolved

Referred to: \_\_\_\_\_