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  School bus  Internet  Cell phone  During a school activity  Off school
property  On the way to/from 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: __________________________________________________________
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.
___________________________________________________________________________________________

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

Is there any additional information?
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Thank you for reporting!

------------------------------------------------------------------For Office Use------------------------------------------------------------------
Received by: _______________________________________________________________________________
Date received:  ___________________________________
Action taken:  ______________________________________________________________________________
Parent/guardian contacted:  __________________________________________________________________
Circle one:    Resolved  Unresolved
Referred to:  _____________________________________