

Initial HIB Report

Harassment, Intimidation and Bullying

-Please submit this form to the building Principal-

School: Byrd Central Coleman Hamilton MS HS District Code _____

Alleged Target(s):	Alleged Actor(s) of HIB Behavior:
--------------------	-----------------------------------

Submitted by: _____ Title: _____ Signature: _____

Date of Alleged Incident: _____ Time: _____ Today's Date: _____

Alleged Category of HIB:

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Religion	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Origin	<input type="checkbox"/> Gender	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Gender Identity & Expression <input type="checkbox"/> Mental, Physical, or Sensory Disability <input type="checkbox"/> Other Distinguishing Characteristic						

Describe the nature of alleged harassment, intimidation or bullying. Include any gesture, any relevant written, verbal or physical act(s), or any electronic communication (use back of form for additional space).

Location(s) of alleged HIB incident (check all that applies and specify/describe location):

School property: _____

School-sponsored function: _____

School bus: _____

Off school grounds: _____

List below any person who you know or have reason to believe may have relevant information and indicate if student, parent, staff member or other.

Name	Student	Parent	School Employee	Other

****Office Use****

Date Received by Principal: _____

Date Investigation Started:

Principal's Initials: _____

Anonymous Initial HIB Report

Harassment, Intimidation and Bullying

-Please submit this form to the building Principal-

Please note formal disciplinary action may not be taken solely on the basis of an anonymous report.

School: Byrd Central Coleman Hamilton MS HS District Code

Alleged Target(s):	Alleged Actor(s) of HIB Behavior:

Date of Alleged Incident: _____ Time: _____ Today's
Date: _____

Alleged Category of HIB:

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Religion	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Origin	<input type="checkbox"/> Gender	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Gender Identity & Expression <input type="checkbox"/> Mental, Physical, or Sensory Disability <input type="checkbox"/> Other Distinguishing Characteristic						

Describe the nature of alleged harassment, intimidation or bullying. Include any gesture, any relevant written, verbal or physical act(s), or any electronic communication (use back of form for additional space).

--

Location(s) of alleged HIB incident (check all that applies and specify/describe location):

School property: _____

School-sponsored function: _____

School bus: _____

Off school grounds: _____

List below any person who you know or have reason to believe may have relevant information and indicate if student, parent, staff member or other.

Name	Student	Parent	School Employee	Other

****Office Use****

Date Received by Principal: _____

Date Investigation Started:

Principal's Initials: _____

