

**Rochester School District Harassment, Intimidation or Bullying (HIB)  
Incident Reporting Form**

“Harassment, intimidation, or bullying” means any intentionally written message or image—including those that are electronically transmitted—verbal, or physical act, including but not limited to one shown to be motivated by race, color, religion, ancestry, national origin, gender, sexual orientation, including gender expression or identity, mental or physical disability or other distinguishing characteristics, when an act:

- Physically harms a student or damages the student’s property.
- Has the effect of substantially interfering with a student’s education.
- Is so severe, persistent or pervasive that it creates an intimidating or threatening educational environment.
- Has the effect of substantially disrupting the orderly operation of the school.

**Reporting person (optional\*):** \_\_\_\_\_ Non-Confidential  Confidential\*\*

\*No disciplinary action will be taken against an alleged aggressor based solely on an anonymous report. Possible responses to an anonymous report include enhanced monitoring of specific locations at certain times of day or increased monitoring of a specific student or staff.

\*\* Individuals may ask that their identities be kept secret from the accused and other students. Like anonymous reports, no disciplinary action will be taken against an alleged aggressor based solely on a confidential report.

**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 alleged 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	Bus	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 alleged 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, etc
- Putting the student down and making the student a target of jokes
- Making rude and/or threatening gestures
- Excluding or rejecting the student
- Demanding money or exploiting
- Spreading harmful rumors or gossip
- Cyber bullying (bullying by calling, texting, emailing, web posting, etc.)

Did the cyber bullying action start at school? Yes  No

If not, how has the behavior negatively affected the personal safety or well-being of school-related individuals, the governance, climate or efficient operations of the school; or the educational process or experience?

\_\_\_\_\_  
\_\_\_\_\_

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? ? Yes  No  If yes, please describe.**

\_\_\_\_\_

**Was the target student absent from school as a result of the incident? Yes  No  If yes, please list when the absences occurred.**

\_\_\_\_\_

**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:** \_\_\_\_\_

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**Does concern meet definition of HIB? Yes  No  If yes, use HIB Checklist. If no, what action was taken?**

\_\_\_\_\_

\_\_\_\_\_