

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

Reporting person (optional): _____

Targeted person: _____

Your email address (optional): _____

Your phone number (optional): _____ **Today's date:** _____

Name of school staff you've already contacted (if any): _____

Name(s) of offender (if known):

Please describe what occurred:

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

Where did the incident happen? Circle all that apply.

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.

Is there any additional information?

Thank you for reporting

Received by: _____

Date received: _____

Action taken: _____

Parent/guardian contacted: _____

Circle one: Resolved Unresolved

Referred to: _____