



**Royal School District #160  
Harassment, Intimidation or Bullying (HIB)  
Incident Reporting Form**

Your name (optional): \_\_\_\_\_ Today's date: \_\_\_\_\_

Targeted (Bullied) (if different than reporting person): \_\_\_\_\_

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

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

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

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

**Where/how did the incident happen?** \_\_\_\_\_

---

---

---

---

---

---

---

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 ONLY

Received by: \_\_\_\_\_ Date received: \_\_\_\_\_

Was this reported in Schoolmaster? \_\_\_\_\_ Action taken: \_\_\_\_\_

Parent/guardian contacted (Names and dates contacted): \_\_\_\_\_

Circle one:    Resolved            Unresolved

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

Additional Comments \_\_\_\_\_

---

---