

IRVINGTON PUBLIC SCHOOLS
HARASSMENT, INTIMIDATION & BULLYING



INCIDENT REPORT – Form 1 (Staff)

Name of Reporter: _____ Position: _____ Date of Incident: _____			
School: _____		Date of Report: _____ Time: _____	
Type of Incident: _____ Harassment _____ Intimidation _____ Bullying _____ Other _____			
Victim(s): _____		Offender(s): _____	
Report Source:			
____ Victim	____ Personal Knowledge		____ Third Party Reporter
____ Anonymous			
Type of HIB:			
____ Gesture	____ Physical	____ Written	____ Verbal
____ Electronic			
Location of HIB:			
____ Classroom	____ Hallway	____ Restroom	____ Cafeteria
____ Off School Grounds	____ Exterior School Grounds	____ Bus	____ Playground
____ Other			
Motivating Factors:			
____ Gender Identity	____ Race/Color	____ Religion	____ Ancestry
____ Disability	____ Sexual Orientation	____ Distinguishing Characteristics	____ Other
Potential Harm:			
____ Physical Harm	____ Damage to Property	____ Fear	____ Rumors
____ Teasing	____ Exclusion	____ Causing Substantial Interruption with Order in the School	
Witnesses:			
Please provide names of any individual who may have information concerning the alleged incident.			
Name(s): _____			
Description of Incident:			
Please provide any background information concerning the incident or the parties that may assist in the investigation.			
Summary of Claims:			
Signature(s)			
By signing this form, you confirm that the above report is accurate to the best of your knowledge.			
Signature: _____		Date: _____	