

**Irvington Public Schools  
Harassment, Intimidation or Bullying (HIB) Investigation Form 2**

School: \_\_\_\_\_

Name of Person Reporting Incident: \_\_\_\_\_

Check one:  student  staff  parent  community member  anonymous

Offenders(s): \_\_\_\_\_

Victim(s): \_\_\_\_\_

Witnesses/Bystanders \_\_\_\_\_

Date/Time of Incident: \_\_\_\_\_ Date Incident Reported: \_\_\_\_\_

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*Harassment, Intimidation or Bullying (HIB) includes any gesture or any written verbal or physical act or any electronic communication that causes a substantial disruption or interference to the educational environment. It can be a single incident or a series of incidents that create a hostile educational environment for a student or students by interfering with the educational environment or severely or pervasively causing physical or emotional harm or effect of insulting or demeaning a student or a group of students.*

**Motivation for HIB Behavior:**

- \_\_\_\_\_ Race or Color
- \_\_\_\_\_ Religion
- \_\_\_\_\_ Ancestry
- \_\_\_\_\_ National Origin
- \_\_\_\_\_ Gender
- \_\_\_\_\_ Sexual Orientation/Gender Identity/Expression
- \_\_\_\_\_ Mental/Physical/Sensory Disability
- \_\_\_\_\_ Other (explain): \_\_\_\_\_

**Reason(s)/Type of Bullying:**

- \_\_\_\_\_ Electronic Communication\*
- \_\_\_\_\_ Teasing
- \_\_\_\_\_ Told Lies/False Rumors
- \_\_\_\_\_ Hit, Kicked, Punched, etc.
- \_\_\_\_\_ Took/Damaged Possessions
- \_\_\_\_\_ Excluded
- \_\_\_\_\_ Threatened

\* Specify type of electronic communication: \_\_\_\_\_

**Location of Incident:**

- \_\_\_\_\_ Classroom
- \_\_\_\_\_ At School-Sponsored Function
- \_\_\_\_\_ On a School Bus/Bus Stop
- \_\_\_\_\_ Off School Grounds (includes cyberspace)
- \_\_\_\_\_ Hallway
- \_\_\_\_\_ Stairwell
- \_\_\_\_\_ Restroom
- \_\_\_\_\_ Cafeteria
- \_\_\_\_\_ Exterior School Grounds
- \_\_\_\_\_ Other: \_\_\_\_\_

**Victim Shared Details of Incident With:**

- \_\_\_\_\_ Teacher
- \_\_\_\_\_ Staff Member
- \_\_\_\_\_ Parent/Sibling
- \_\_\_\_\_ Friend

What was witnessed/observed/what happened and why: \_\_\_\_\_

How did you identify this as bullying? \_\_\_\_\_

Did a physical injury result from the incident? \_\_\_\_\_ yes \_\_\_\_\_ no

Was victim referred to counseling? \_\_\_\_\_ yes \_\_\_\_\_ no

Is this a bullying incident? \_\_\_\_\_ yes \_\_\_\_\_ no

Rationale: \_\_\_\_\_

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Support/Consequence: \_\_\_\_\_

Date Incident was reported to parent: \_\_\_\_\_

Date Summary of Investigation was reported to parent: \_\_\_\_\_

**Anti-Bullying Specialist:**

\_\_\_\_\_ *Name (print)* \_\_\_\_\_ *Signature*

**Principal:**

\_\_\_\_\_ *Name (print)* \_\_\_\_\_ *Signature*

**Anti-Bullying Coordinator:**

\_\_\_\_\_ *Name (print)* \_\_\_\_\_ *Signature*