

HIB INCIDENT NUMBER (Issued by ABC): _____



**IRVINGTON PUBLIC SCHOOLS
HIB REPORTING FORM 1 (Staff)**

Name of Reporter: _____			Position: _____			Date of Incident: _____											
School: _____			Date of Report: _____			Time: _____											
Type of Incident (Must check at least one): _____ Harassment _____ Intimidation _____ Bullying _____																	
<i>Incident MUST have a protected characteristic listed below, please check and forward to the Anti-Bullying Specialist:</i>																	
___ Gender Identity			___ Race/Color			___ Religion			___ Ancestry			___ Disability			___ Sexual Orientation		
___ Other (a characteristic must be indicated for an HIB _____)																	
Alleged Victim(s): _____			Grade: _____			ID# _____			Race: _____			Gender: _____					
Alleged Offender(s): _____			Grade: _____			ID# _____			Race: _____			Gender: _____					
Alleged Offender(s): _____			Grade: _____			ID# _____			Race: _____			Gender: _____					
Witnesses: _____																	
Report Source:																	
___ Victim			___ Personal Knowledge			___ Third Party Reporter			___ Anonymous								
Type of Behavior:																	
___ Gesture			___ Physical			___ Written			___ Verbal			___ Electronic					
Location of Incident:																	
___ Classroom			___ Hallway			___ Restroom			___ Cafeteria			___ Off School Grounds					
___ Exterior School Grounds			___ Bus			___ Playground			___ Other								
Potential Harm:																	
___ Physical Harm			___ Damage to Property			___ Fear			___ Rumors								
___ Teasing			___ Exclusion			___ Causing Substantial Interruption with Order in the School											
Description of Incident:																	
Please provide any background information concerning the incident or the parties that may assist in the investigation.																	
Signature(s)																	
By signing this form, you confirm that the above report is accurate to the best of your knowledge.																	
Signature: _____						Date: _____											