

HIP INCIDENT NUMBER (Issued by ABC): _____



**IRVINGTON PUBLIC SCHOOLS
HIB REPORTING FORM**

Name of Reporter: _____ Position/Relationship: _____ Date of Incident: _____

School: _____ Date of Report: _____ Time: _____

Type of Incident (Must check at least one): _____ Harassment _____ Intimidation _____ Bullying _____

Incident MUST have a protected characteristic listed below, please check and forward to the Anti-Bullying Specialist:

_____ 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 _____ 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

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: _____