

# Anonymous Initial HIB Report

## Harassment, Intimidation and Bullying

-Please submit this form to the building Principal-

Please note formal disciplinary action may not be taken solely on the basis of an anonymous report.

School: \_\_\_\_\_ ECC \_\_\_\_\_ Lindbergh \_\_\_\_\_ PPHS

Alleged Target(s):	Alleged Actor(s) of HIB Behavior:
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Date of Alleged Incident: \_\_\_\_\_ Time: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Alleged Category of HIB:**

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Religion	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Origin	<input type="checkbox"/> Gender	<input type="checkbox"/> Sexual Orientation		
<input type="checkbox"/> Gender Identity & Expression							<input type="checkbox"/> Mental, Physical, or Sensory Disability	<input type="checkbox"/> Other Distinguishing Characteristic

**Describe the nature of alleged harassment, intimidation or bullying. Include any gesture, any relevant written, verbal or physical act(s), or any electronic communication (use back of form for additional space).**

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**Location(s) of alleged HIB incident (check all that applies and specify/describe location):**

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

School-sponsored function: \_\_\_\_\_

Off school grounds: \_\_\_\_\_

**List below any person who you know or have reason to believe may have relevant information and indicate if student, parent, staff member or other.**

Name	Student	Parent	School Employee	Other

**\*\*Office Use\*\***

Date Received by Principal: \_\_\_\_\_ Date Investigation Started: \_\_\_\_\_

Principal's Initials: \_\_\_\_\_