

**Initial HIB Report  
Harassment, Intimidation and Bullying**

-Please submit this form to the building Principal-

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

Alleged Target(s):	Alleged Actor(s) of HIB Behavior:
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Submitted by: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_

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
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***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).***

***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: \_\_\_\_\_