

Reporting Form for Harassment, Intimidation and Bullying

AUDUBON SCHOOL DISTRICT

Please Select School

AHS MAS HAS

Instructions: Please be as comprehensive as possible when filling in the information below. The timeliness and accuracy of the details will help the School Anti-Bullying Specialist with the required investigation process.

Date of Report:

Time of Report:

Reported By:

Person(s) who allegedly committed the HIB-related behavior:

Recipient(s) of the HIB-related behavior:

INFORMATION PROVIDED BY VICTIM(S)

BEHAVIORAL OBSERVATION

Check all behavior experience by the victim(s):

- | | | |
|--|--|--|
| <input type="checkbox"/> cyber-related | <input type="checkbox"/> kicking | <input type="checkbox"/> spitting |
| <input type="checkbox"/> embarrassing | <input type="checkbox"/> pinching | <input type="checkbox"/> spread rumors |
| <input type="checkbox"/> eye rolling/gesturing | <input type="checkbox"/> pushing | <input type="checkbox"/> stalking |
| <input type="checkbox"/> hurtful graffiti | <input type="checkbox"/> restraining | <input type="checkbox"/> staring |
| <input type="checkbox"/> hurtful name calling | <input type="checkbox"/> sending nasty notes | <input type="checkbox"/> stealing |
| <input type="checkbox"/> hurtful teasing | <input type="checkbox"/> slapping | <input type="checkbox"/> threats |
| <input type="checkbox"/> insulting remarks | <input type="checkbox"/> socially excluding | <input type="checkbox"/> tripping |

Provide details of behavioral observation:

Check all actual or perceived characteristics that were or may have been motivational factors in the alleged HIB incident:

- | | |
|--|---|
| <input type="checkbox"/> ancestry | <input type="checkbox"/> national origin |
| <input type="checkbox"/> color | <input type="checkbox"/> race |
| <input type="checkbox"/> gender | <input type="checkbox"/> religion |
| <input type="checkbox"/> gender identity and expression | <input type="checkbox"/> sexual orientation |
| <input type="checkbox"/> mental, physical, or sensory disability | <input type="checkbox"/> other (please explain below) |

If you checked "other" above, please provide a written explanation:

Location of the alleged HIB incident. Check and complete all that apply and provide detailed explanation below:

- | | |
|--|---|
| <input type="checkbox"/> auxiliary gym | <input type="checkbox"/> locker room |
| <input type="checkbox"/> bathroom | <input type="checkbox"/> main gym |
| <input type="checkbox"/> bus | <input type="checkbox"/> off school grounds |
| <input type="checkbox"/> cafeteria | <input type="checkbox"/> school grounds/outside of building |
| <input type="checkbox"/> classroom | <input type="checkbox"/> school-sponsored event |
| <input type="checkbox"/> cyber-related | <input type="checkbox"/> stairwell |
| <input type="checkbox"/> hallway | |

Provide a detailed explanation of location in the below area:

Answer the following:

1. Approximately how long has the alleged HIB-related behavior been occurring?
2. When was the last time the alleged HIB-related behavior occurred?
3. List below any person(s) you know or have reason to believe may have relevant information and indicate if they are a student, parent, staff member, or others. If a student, please provide the first and last name in addition to the known grade level. If the person is not a student in the Audubon School District, please make this known.
4. Please describe all information relevant to the alleged HIB situation.