

Anonymous Initial Report Form Harassment, Intimidation and Bullying Incident

Please submit this form to the building Principal or The Anti-Bullying Specialist

School: _____Faust _____McKenzie

Name/s of Alleged Target(s): _____

Name/Names of Alleged Actor(s) of HIB Behavior: _____

Alleged Category of HIB: ___Race ___Color ___Religion ___Ancestry ___Origin ___Gender ___Sexual Orientation
___Gender Identity & Expression ___Mental, Physical, or Sensory Disability ___Other Distinguishing Characteristic

Date of Alleged Incident: _____ Time: _____ Today's Date: _____

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: _____

_____ School bus: _____

_____ 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 Only****

Date Received by Principal: _____

Date Investigation Started: _____ Principal's Initials: _____