

# Initial HIB Report

## Harassment, Intimidation and Bullying

-Please submit this form to the building Principal-

School:  Byrd  Central  Coleman  Hamilton  MS  HS District Code

\_\_\_\_\_

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						

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

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


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

**Date Received by Principal:** \_\_\_\_\_

**Date Investigation Started:**

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

# 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:  Byrd  Central  Coleman  Hamilton  MS  HS District Code

\_\_\_\_\_

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: \_\_\_\_\_  
 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


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

**Date Received by Principal:** \_\_\_\_\_

**Date Investigation Started:**

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

