Anonymous HIB Report

Submit form to the program Principal/Designee: ☐ Autism ☐ Behavior Skills ☐ Communication Skills ☐ Life Skills or ☐ Multiply Handicapped

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

Target(s): Offender(s) of HIB Behavior:

Date of incident: ____________ School: ____________________________ Today’s Date: ____________________________

Alleged Category of HIB:

☐ Race ☐ Color ☐ Religion ☐ Ancestry ☐ Origin ☐ Gender ☐ Sexual Orientation
☐ Gender Identity and Expression ☐ Mental, Physical or Sensory Disability ☐ 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).

Location of alleged HIB incident. Check all that apply 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.

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<tr>
<th>Name</th>
<th>Student</th>
<th>Parent</th>
<th>School Employee</th>
<th>Other</th>
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**Office Use**

Date Received by Principal: _________________ Date Investigation Started: _________________ Principal’s Initials: ___