

# HIB 338 Form Harassment, Intimidation, or Bullying (HIB) Reporting Form

## To Be Completed by Families / Caregivers

# To be filled out by Principal or Designee

Date and Time Received:

Incident # (optional):

This form should be used by parents or guardians to report allegations of HIB. A written statement from the alleged victim or other evidence may be attached to the back of this HIB 338 Form (e.g., screenshot, text thread, etc.). Once the form is received by the school, the principal is responsible for implementing the school district's policy and procedures. An investigation shall be completed as soon as possible, but not later than 10 school days from the date of the written report of the incident. Should you have any questions about the investigation, please contact the school principal.

#### **Directions**

Complete the form below to provide detailed information of the alleged HIB incident. If some fields are not applicable or if you are uncertain of the response, you may skip those fields. This form may be submitted anonymously.

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|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>School Information</b>                                                                                   |                                                                                   |  |
| School District:                                                                                            |                                                                                   |  |
| School:                                                                                                     |                                                                                   |  |
| Individual Completing Form                                                                                  |                                                                                   |  |
| If you prefer to remain anonymous, leave this se an anonymous reporter may consider adding the              | ection blank. Individuals filling out this HIB 338 Form as eir name as a witness. |  |
| Name of individual completing this form:                                                                    |                                                                                   |  |
| Relation to individual involved in alleged incider (e.g., parent, guardian, grandparent, etc.):             | nt of HIB                                                                         |  |
| Phone number:                                                                                               | Email address:                                                                    |  |
| Incident Information                                                                                        |                                                                                   |  |
| Incident date (mm/dd/yyyy):                                                                                 |                                                                                   |  |
| Approximate time of the incident:                                                                           |                                                                                   |  |

| Describe the incident with as much detail as possible. (What was the incident? Who was involved in the incident? How you were made aware of the incident? What happened at the time of the incident? How did the incident occur?) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Specific incident location(s) (e.g., on the morning school bus, in the science wing hallway, online via social media, etc.)                                                                                                       |
| Alleged Offender(s)                                                                                                                                                                                                               |
| Name(s) of alleged offender(s):                                                                                                                                                                                                   |
| Based on your knowledge, select all that apply about the alleged offender(s):                                                                                                                                                     |
| Alleged offender(s) attends the above-named school.                                                                                                                                                                               |
| Alleged offender(s) attends another school.                                                                                                                                                                                       |
| Alleged offender(s) works for the school/school district.                                                                                                                                                                         |
| Alleged offender(s) does not work for the school/school district.                                                                                                                                                                 |
| Alleged Victim(s)                                                                                                                                                                                                                 |
| Name(s) of alleged victim(s):                                                                                                                                                                                                     |
| Based on your knowledge, select all that apply about the alleged victim(s):                                                                                                                                                       |
| Victim(s) attends the above-named school.                                                                                                                                                                                         |
| Victim(s) attends another school.                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                   |

| Witnesses                                                        |
|------------------------------------------------------------------|
| Complete this section with the names of any potential witnesses. |
| Student Names:                                                   |
|                                                                  |
|                                                                  |
| Staff Names:                                                     |
|                                                                  |
|                                                                  |
| Parent Names:                                                    |
|                                                                  |
|                                                                  |
| Other Names (specify title or position for each):                |
| other runnes (speeny true or position for each).                 |
|                                                                  |
|                                                                  |
|                                                                  |
| Signature                                                        |
| Signature of Person Completing this HIB 338 Form:                |
| Date:                                                            |
| Date:                                                            |
|                                                                  |
|                                                                  |
|                                                                  |

# School Principal/Designee and Superintendent Section

To be Completed by School Principal/Designee and Superintendent

**Note:** The completed form must be kept on file in the school. The principal must promptly submit a copy of this form to the superintendent.

### **Utilization of Preliminary Determination Provision**

If the school district's policy permits the use of a preliminary determination for reports of HIB, question 1 and 2 below *must* be completed on every form. School districts who do not permit the use of a preliminary determination for reports of HIB should leave this section blank.

## 1. Question for the School Principal/Designee

Was a preliminary determination made not to initiate an HIB investigation because the reported incident or complaint is a report outside the scope of the definition of HIB? Check one below and submit this form to the Superintendent.

Yes - Follow your school district's policies for other reports (e.g., code of student conduct, referral to counseling services, etc.).

No- Refer to your school district's HIB policy for initiating an HIB investigation.

Comments (Optional):

#### 2. Questions for the Superintendent

If the answer to question 1 is yes, will you require the school principal/designee to initiate an HIB investigation based on the scope of the definition of HIB? Check one and proceed as directed.

Yes- Notify the principal of this determination in writing and direct the principal to initiate an HIB investigation per the district's policy.

No- Follow your school district's policies for other reports (e.g., code of student conduct, referral to counseling services, etc.) and maintain a copy of this form.

If the answer to question 1 is no, follow your school district's policies for HIB investigations and maintain a copy of this form.

Comments (Optional):