Castle Rock School District
Harassment, Intimidation or Bullying (HIB)
Incident Reporting Form

Reporting person (optional): ____________________________

Targeted student: ______________________________________

Your email address (optional): ____________________________

Your phone number (optional): ____________________________ Today’s date: ____________________________

Name of school adult you’ve already contacted (if any): ____________________________

Name(s) of aggressor(s) (if known):

On what dates did the incident(s) happen (if known):

Where did the incident happen? Circle all that apply.

☐ Classroom  ☐ Hallway  ☐ Restroom  ☐ Playground  ☐ Locker room  ☐ Lunchroom/Cafeteria
☐ Sport field  ☐ Gym  ☐ Parking lot  ☐ School bus  ☐ Online/Internet  ☐ Cell phone
☐ During a school activity  ☐ Off school property  ☐ On the way to/from school

Other (Please describe.) ____________________________

Please check the box that best describes what the bully did. Please choose all that apply.

☐ Blocked movement  ☐ Gestures (Explain)  ☐ Racial slur(s)
☐ Damage to my property  ☐ Gossip  ☐ Repeated behavior
☐ Derogatory comments  ☐ Intimidation directed at me  ☐ Sexual stories/jokes/pictures
☐ Disrespectful comments  ☐ Name calling  ☐ Sexual Orientation Slurs
☐ Electronic / Cyberbullying  ☐ Offensive writing or graffiti  ☐ Slurs, rumors, jokes
☐ Excluding me from activities  ☐ Physical harm or threats of harm  ☐ Spreading rumors
☐ Hazing (Club, team, class, other)  ☐ Pranks  ☐ Threats (to me, friends, school)
☐ Gender slurs  ☐ Put downs  ☐ Touching / grabbing

☐ Other: (Please describe.) ____________________________
Why do you think this occurred?

________________________________________________________________________________________

Were there any witnesses? Yes □ No □ If yes, please provide their names:

________________________________________________________________________________________

Did a physical injury result from this incident? If yes, please describe.

________________________________________________________________________________________

Was the targeted student absent from school as a result of the incident? □ Yes □ No
If yes, please describe

________________________________________________________________________________________

Are there any notes, pictures, texts, screen shots or other evidence of the event(s) you are reporting?

________________________________________________________________________________________

Is there any additional information you can add?

________________________________________________________________________________________

Thank you for reporting!

----------------------------------------------------------------For Office Use----------------------------------------------------------------

Received by: ____________________________

Date received: ____________________________

Action taken: ____________________________

Parent/guardian contacted: ____________________________

Circle one: Resolved Unresolved

Referred to: ____________________________