

**HIB Incident Report Form**  
**CHANCELLOR ACADEMY**

**PLEASE SUBMIT THIS FORM TO ADMINISTRATION OR COUNSELOR.**

**Name of Alleged Target(s):**

**Name of Student(s) committing act of alleged Harassment, Intimidation and Bullying:**

**Describe the incident being reported. What was the motivation behind the conflict or the characteristics, if any, of the alleged targets that were involved in the conflict.**

**How did you learn that student(s) may have been target(s) of HIB? Please be specific and include name of other person(s) that may know about this incident.**

**What was the location of the alleged HIB incident?**

- Location on school property: Cafeteria
- Name/date of school sponsored function:
- School Bus Incident (explain):
- Off school grounds (explain):
- Electronic Communication (cell phone, social media, etc.)

**What harm do you believe was or may have been caused by the alleged incident?**

- Substantial disruption or interference with the orderly operation of school or rights of others
- Physical or emotional harm
- Insulting or demeaning a student or group of students
- Creating a hostile educational environment

Report #: \_\_\_\_\_

**Describe any additional incidents that may represent a pattern of similar behaviors. Be certain to record dates and times (to the extent possible), as well whether these issues were reported to Chancellor Academy staff.**

*You may choose to submit this report anonymously. Please note, in accordance with the Anti-Bullying Bill of Rights Act, no formal action is permitted on the basis of anonymous reporting alone*

\_\_\_\_\_  
**Name of Person Reporting**

\_\_\_\_\_  
**Signature of Person Reporting**

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

**Date Received:** \_\_\_\_\_

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