



# Manson School District

Harassment, Intimidation & Bullying (HIB) Reporting Form  
Policy 3207 | Procedure 3207P | Form 3207F2 | Updated 9.20.2024

Reporting Person (optional): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Targeted Student: \_\_\_\_\_

Email of Reporting Person (optional): \_\_\_\_\_

Phone Number of Reporting Person (optional): \_\_\_\_\_

Name(s) of School Adult Contacted Already (if any): \_\_\_\_\_

Name(s) of Aggressors (if known): \_\_\_\_\_

Date(s) & Time(s) the incident(s) happened (if known): \_\_\_\_\_

Where did the incident(s) happen? Check all that apply.

- |                                       |                                      |  |                                       |                                      |
|---------------------------------------|--------------------------------------|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Classroom    | <input type="checkbox"/> Hallway     | <input type="checkbox"/> Bathroom        | <input type="checkbox"/> Playground   | <input type="checkbox"/> Locker Room |
| <input type="checkbox"/> Lunchroom    | <input type="checkbox"/> Sport Field | <input type="checkbox"/> Gym             | <input type="checkbox"/> Parking Lot  | <input type="checkbox"/> School Bus  |
| <input type="checkbox"/> Online/Email | <input type="checkbox"/> Text        | <input type="checkbox"/> School Activity | <input type="checkbox"/> Other: _____ |                                      |

Check the box(es) that best describe what the aggressor did (choose all that apply):

- |   |  |  |   |                                |
|---|--|--|---|--------------------------------|
| <input type="checkbox"/> Blocked Movement | <input type="checkbox"/> Gestures      | <input type="checkbox"/> Physical Touch  | <input type="checkbox"/> Repeated Behavior        |                                |
| <input type="checkbox"/> Cyberbullying    | <input type="checkbox"/> Gossip/Rumors | <input type="checkbox"/> Pranks          | <input type="checkbox"/> Sexual Orientation Slurs |                                |
| <input type="checkbox"/> Exclusion        | <input type="checkbox"/> Name Calling  | <input type="checkbox"/> Property Damage | <input type="checkbox"/> Sexual Stories/Jokes     |                                |
| <input type="checkbox"/> Gender Slurs     | <input type="checkbox"/> Physical Harm | <input type="checkbox"/> Racial Slurs    | <input type="checkbox"/> Threats                  | <input type="checkbox"/> Other |

Please provide more specific detail below regarding the box(es) checked above.  
If more space is needed, please attach an additional written statement to this form.

Why do you think the harassment, intimidation or bullying occurred?

Were there any witnesses? ☐ Yes ☐ No

If yes, please provide names: \_\_\_\_\_





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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 notes, pictures, texts, screenshots or other evidence of the event(s)? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

Is there any additional information you'd like to add?

\_\_\_\_\_

\_\_\_\_\_

**Thank you for reporting. Please provide this completed form to your school principal or counselor.**

..... **For Office Use** .....

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Investigated by: \_\_\_\_\_ Date(s) Investigated: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Date Targeted Parent(s) Notified: \_\_\_\_\_ Method: \_\_\_\_\_

Date Aggressor's Parent(s) Notified: \_\_\_\_\_ Method: \_\_\_\_\_

Date HIB Form Received by HIB Compliance Officer: \_\_\_\_\_

☐ Resolved ☐ Unresolved

**If Corrective Action is Assigned:**

☐ Suspension letter created (and translated, as necessary)

☐ Suspension letter emailed by building principal to:

- Superintendent & Superintendent Assistant
- District HIB Compliance Officer
- Attendance Clerk (in case of suspension dates)
- Building Secretary (to enter discipline)
- Registrar (to ensure CEDARS is updated accurately with HIB indicator)
- Athletic Director (if student is participating in athletics)

☐ District HIB Compliance Officer files paperwork