

**Aggressive Behavior / HIB
INCIDENT REPORT**

Incident Report received via: (oral, written, electronic, etc.)		Date Received:	
Incident Report received by:			
Interview Conducted by:		Today's Date: Within 2 days of receipt	
Date of Incident:		Time of Incident:	
Student Filing Complaint:		Grade:	
Targeted Student(s):		Grade:	
Alleged Aggressor(s):		Grade:	
Bystander / Witness:		Grade:	
Bystander / Witness:		Grade:	
Location(s) of incident:			
Please check below all that apply			

- | | | |
|---|--|---|
| <input type="checkbox"/> Blocked movement | <input type="checkbox"/> Make my environment feel threatening | <input type="checkbox"/> Repeated behavior |
| <input type="checkbox"/> Damage to my property | <input type="checkbox"/> Name calling | <input type="checkbox"/> Sexual stories/jokes |
| <input type="checkbox"/> Derogatory comments | <input type="checkbox"/> Offensive writing or graffiti | <input type="checkbox"/> Sexual Orientation Slurs |
| <input type="checkbox"/> Electronic Bullying | <input type="checkbox"/> Physical harm to me or threats of harm | <input type="checkbox"/> Slurs, rumors, jokes |
| <input type="checkbox"/> Excluding me from activities | <input type="checkbox"/> Pranks | <input type="checkbox"/> Spreading rumors |
| <input type="checkbox"/> Gender slurs | <input type="checkbox"/> Racial slurs | <input type="checkbox"/> Touching or grabbing |
| <input type="checkbox"/> Gestures | | |
| <input type="checkbox"/> Intimidation directed toward me | | <input type="checkbox"/> Other (Describe in box below) |

Other:

Description of incident/situation:

HIB OFFICER USE ONLY:

Family of Target Notified		Date: Within 2 days of receipt	
Family of Alleged Aggressor Notified		Date: Within 2 days of receipt	

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INVESTIGATION REPORT**

Interviewer: _____ **Interviewee:** _____

Interview Questions:

(Questions should be specific. Focus on the sense. Be non-judgmental. Do not paraphrase. Do not *repeat* “he said/she said” responses. Keep interviewer affect low. Examples: What did you see? What did you hear? What did you feel? Where did this happen? When did this happen? Can you show me... Etc.... Repeat the *same questions* with each student.)

Resolution reached: Yes or No **If yes, describe:**

Investigation Results: (Attach all supporting documentation)

Date Completed: Within 5 days of receipt	
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Response/Results

Referral to CPS if appropriate (use separate paperwork)

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FOLLOW-UP ACTIONS REPORT**

Safety Plan for Targeted Student(s): YES NO

Corrective Measure for Alleged Aggressor: YES NO

Briefly describe:

- Perpetrator warned against retaliation.
- Appropriate Disciplinary Action forms completed and communicated

Family of Target Notified		Date: Within 2 days of investigation	
Family of Alleged Aggressor Notified		Date: Within 2 days of investigation	
Compliance Officer Notified / Investigation Results Sent		Date: Within 2 days of investigation	

Follow-up meeting with complainant on this date:	
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Persons at the meeting:	Staff Member(s):
	Student(s):
	Other(s):

Comments regarding follow-up meeting:

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Signature

Date