

Sakai HIB (Harassment, Intimidation, Bullying) Report

Who is being harassed or bullied?

Who is doing it?

Who else is involved or a witness?

What is happening (describe in detail all acts and statements)?

When is it happening (before/after school, during what period + what day/date)?

Where is it happening (e.g., lunchroom, playground, classroom, bus)?

Your Name:

(printed) _____ (signed) _____

Date _____ Grade _____