

1.	2.	3.
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Student(s) Alleged to be the Target of HIB Behavior:

1.	2.	3.
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Please describe below the details of the incident you are reporting:

Please list below the name(s) of any person(s) or pupil(s) you believe either witnessed or have knowledge of the incident you are reporting:

Name of Witness	Location/School/Grade

Did you file a verbal report with the Principal or designee on the same day of witnessing or receiving reliable information regarding behavior being reported?

	YES		NO
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I certify the information contained in this Report is accurate and true to the best of my knowledge.

Signature of Person Making Report

Position (staff member/parent/pupil/etc.) Date

Name of Person Receiving Report

Title Date