LITTLE ROCK SCHOOL DISTRICT
HARASSMENT/INTIMIDATION/BULLYING (HIB)
REPORT FORM

Directions: Harassment, intimidation or bullying are serious and will not be tolerated. This is a form to report alleged harassment, intimidation or bullying that occurred on school property, at a school-sponsored activity or event off school property; on a school bus or on the way to/from school. If you are a student victim, the parent/guardian of a student victim, a close adult relative of a student victim, witness, or a school staff member and wish to report in incident of alleged harassment, intimidation or bullying, complete this form and return it the Principal at the student victim’s school. Contact the school for additional information or assistance at any time.

A. “Bullying” means the intentional harassment, intimidation, humiliation, ridicule, defamation, or threat or incitement of violence on a continuous basis, if an incident is repeated or has the potential to be repeated, over time by a student against another student or public school employee by a written, verbal, electronic, or physical act that causes or creates a clear and present danger of:
   1. Physical harm to a public school employee or student or damage to the public school employee’s or student’s property;
   2. Substantial interference with a student’s education or with a public school employee’s role in education;
   3. A hostile educational environment for one (1) or more students or public school employees due to the severity, persistence, or pervasiveness of the act; or
   4. Substantial disruption of the orderly operation of the school or educational environment.

B. "Electronic act" means without limitation a communication or image transmitted by means of an electronic device, including without limitation a telephone, wireless phone or other wireless communications device, computer, or pager;

C. "Harassment" means a pattern of unwelcome verbal or physical conduct relating to another person’s constitutionally or statutorily protected status that causes, or reasonably should be expected to cause, substantial interference with the other’s performance in the school environment; and

D. "Substantial disruption" means without limitation that any one or more of the following are likely to occur as a result of the bullying:
   1. Necessary cessation of instruction or educational activities;
   2. Inability of students or educational staff to focus on learning or function as an educational unit because of a hostile environment;
   3. Severe or repetitive disciplinary measures are needed in the classroom or during educational activities; or
   4. Exhibition of other behaviors by students or educational staff that substantially interfere with the learning environment.

Today’s Date: _______ / _______ / _______

School: ____________________________

Person Reporting Incident:

Name ____________________________________________________________

Phone ___-____-_______ Email _______________________________________

Place an X in the appropriate box:
☐ Student ☐ Student (witness/bystander) ☐ Parent/Guardian ☐ Adult Relative ☐ School Staff

1. Name of student victim (print)__________________________________________________________

2. Name(s) of alleged offender(s) print | Grade | School | Is he/she a student?
---------------------------------------|-------|--------|------------------------
☒ Yes ☐ No
☒ Yes ☐ No
☒ Yes ☐ No

3. On what date(s) did the incident happen? ____________________________________________

4. Where did the incident happen? Choose all that apply
☐ On school property
☐ At a school-sponsored activity or event off school property
☐ On a school bus
☐ On the way to/from school

5. Place an” X” next to the statement(s) that best describes what happened (choose all that apply):
☐ Any bullying, harassment, or intimidation that involves physical aggression
☐ Getting another person to hit or harm the student
☐ Teasing, name-calling, making critical remarks, or threatening, in person or by other means
6. What did the alleged offender(s) do?

________________________________________________________________________

7. Why did the harassment/intimidation/bullying occur?

________________________________________________________________________

8. Did physical injury result from the incident? Place an “X” next to one of the following:
   □ No    □ Yes, but it did not require medical attention    □ Yes, and it required medical attention

9. Was the student victim absent from school as a result of the incident?  □ Yes  □ No

10. If yes, how many days? ______

11. Is there any additional information you would like to provide?

________________________________________________________________________

For Office Use Only

Official Beginning Date of Investigation

Official Date Investigation Concluded

Parent Contact/Communication Dates

Date of Review by School Based Review Committee

Signature

Date of Review by District Wide Review Committee

Signature
LITTLE ROCK SCHOOL DISTRICT
Harassment, Intimidation, Bullying Report

NAME OF VICTIM____________________________________________ DATE_______________

SCHOOL__________________________________________ GRADE____________________

NAME(S) OF ACCUSED_____________________________________________________________________________

DESCRIPTION OF INCIDENT_____________________________________________________________________________

_____________________________________________________________________________________

Date Incident Occurred_______________ Person completing the form____________________________________

FOR OFFICE USE ONLY

Date Received: 
Received By: 

LITTLE ROCK SCHOOL DISTRICT
Harassment, Intimidation, Bullying Report

NAME OF VICTIM____________________________________________ DATE_______________

SCHOOL__________________________________________ GRADE____________________

NAME(S) OF ACCUSED_____________________________________________________________________________

DESCRIPTION OF INCIDENT_____________________________________________________________________________

_____________________________________________________________________________________

Date Incident Occurred_______________ Person completing the form____________________________________

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