

Harassment, Intimidation, Bullying (HIB) Addendum Form

This form is to be used for reporting new information on a prior HIB report, in all instances when additional information was obtained after submission of an investigation report.

Date of *Prior HIB Report* _____ Person Completing Report _____

Alleged Victim _____ Alleged Perpetrator(s) _____

(Complete this Section only if new information was obtained)

Nature of Behavior: Describe nature of alleged harassment, intimidation or bullying. Include any gesture, any written, verbal, physical act, or damage to student property, any electronic communication. (Can be single incident or series of incidents)

(Complete this Section only if new information was obtained)

Motivation for HIB Behavior: (Check all actual or perceived characteristics that were or may have been motivational factors in the alleged bullying incident)

Race Color Religion Ancestry National Origin Gender

Sexual Orientation Gender Identity and Expression Physical Appearance

Mental or Physical or Sensory Disability Other actual or perceived characteristic (list below)

(Complete this Section only if new information was obtained)

Location of Alleged HIB: (check & complete all that apply)

School Property, Identify: _____

School-sponsored function. Identify function: _____

School Bus. Identify: _____

Off School Grounds. Describe: _____

(Complete this Section only if new information was obtained)

Level of Action that Rises to Bullying: Identify what harm you believe was or may have been caused by the alleged incident. Check all that apply:

Substantial disruption or interference with orderly operation of school or rights of others.

Describe in narrative form what harm you believe was caused to the student and the basis for your belief.

Indicate how you learned that a student may have been the victim of harassment, intimidation or bullying:

- Witnessed incident
 Informed by Alleged Victim
 Informed by other person (identify if student, parent, staff person, other and list below or attach list)

List below any person who you know or have reason to believe may have relevant information and indicate if student, parent, staff member or other.

Please add any other pertinent information:

Signature

Date