



BelovED Community Charter School - HIB Report Form

To be completed by community member

Aggressor(s): _____ (first and last name)

Victim(s): _____ (first and last name)

Date: _____ Time: _____ Location _____

Grade(s): _____ Homeroom: _____

Reported by: _____

Summary of incident (please be as detailed as possible):

(continue summary on back if necessary)

HIB Coordinator Section

____ This report will require an HIB Investigation.

____ This report will not require an HIB Investigation.

Results:

HIB Coordinator: _____ Date: _____