

**Sage Day Schools  
Harassment, Intimidation and Bullying (HIB)  
Student/Parent Reporting Form**

Name of Reporter:		Relation to the Victim:		
Name of Alleged Victim:		Grade:	School:	
Name of the Accused Student:		Grade:	School:	
Date(s) of the Incident(s):		Location of HIB:		
Potential Witnesses:				

If you fear a student is in IMMEDIATE danger, contact the police immediately! Thank you.

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In your own words, please describe below what you have experienced or witnessed. (Use reverse side if necessary)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

