Mount Olive Township Public School District
Harassment, Intimidation, Bullying (HIB)

Final Incident Report

Must be completed within 10 school days of verbal report

Date of incident: _____
HIB Complaint number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Person(s) committing act of HIB: _____
Previous incidents by same person(s): _____
_____
_____
Complaint numbers: _____

Summary of Actions Taken/Recommended:

Intervention Services

Description of Intervention Service	Person(s) Responsible	Timeline for Implementation

Training Programs

Description of Training Program	Person(s) Responsible	Timeline for Implementation

Counseling

Description of Counseling Service	Person(s) Responsible	Timeline for Implementation

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Discipline

Description of Discipline	Person(s) Responsible	Timeline for Implementation

Other

Description of Other Action Recommended or Taken	Person(s) Responsible	Timeline for Implementation

Comments:

Signature of Administrator

Date

Print Name and Title

Phone Number/Extension