

## HIB INCIDENT INVESTIGATION PROTOCOL WORKSHEET

Date of Report:

Date of Incident: [Click here to enter text.](#)

Time of Incident: [Click here to enter text.](#)

Location of Incident: [Click here to enter text.](#)

Targeted Student: [Click here to enter text.](#)

Accused Student: [Click here to enter text.](#)

### Nature of HIB Incident:

Race  Color  Religion  Ancestry  National Origin  Gender

Sexual Orientation  Gender Identity and Expression  Mental or Physical Disability

Gang Affiliation  None  Other

Incident as reported by targeted student (s): [Click here to enter text.](#)

Incident as reported by alleged perpetrator (s): [Click here to enter text.](#)

Information reported by others:

Information reported by others:

Summary of Facts/Findings:

Evidence of HIB Found  Some Evidence of HIB Found  No Evidence of HIB Found

Action(s) Taken:

If you would like to request a hearing regarding this matter, please contact Darwyn Minor at 856-378-5020 ext. 229

\_\_\_\_\_  
Derrick Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Darwyn Minor

\_\_\_\_\_  
Date