Washington State Harassment, Intimidation or Bullying (HIB)
Darrington School District
Incident Reporting Form

Reporting person (optional)**:** _____

Targeted student: _____

Your email address (optional)**:** _____

Your phone number (optional)**:** _____**Today's date:** _____

Name of school adult you've already contacted (if any): _____

Name(s) of aggressor(s) (if known)**:**

_____

On what dates did the incident(s) happen (if known):

_____

Where did the incident happen? Check all that apply.

☐ Classroom ☐ Hallway ☐ Restroom ☐ Playground ☐ Locker room ☐ Lunchroom/Cafeteria
☐ Sport field ☐ Gym ☐ Parking lot ☐ School bus ☐ Online/Internet Cell phone
☐ During a school activity ☐ Off school property ☐ On the way to/from school

Other: (Please Describe.)

Please check the box that best describes what the bully did. Please choose all that apply.

☐ Blocked movement ☐ Damage to property ☐ Derogatory comments
☐ Disrespectful comments ☐ Electronic / Cyberbullying ☐ Exclusion from activities
☐ Hazing ☐ Gender slurs ☐ Gestures (Explain)
☐ Gossip ☐ Intimidation ☐ Name calling
☐ Offensive writing ☐ Physical harm ☐ Threats of harm
☐ Pranks ☐ Put downs ☐ Racial slur(s)
☐ Repeated behavior ☐ Sexual stories/jokes/pictures ☐ Slurs, rumors, jokes
☐ Sexual Orientation Slurs ☐ Spreading rumors ☐ Threats (to me, friends, school)

Other: (Please Describe.)

Why do *you* think this occurred?

_____

Were there any witnesses? ☐Yes ☐No If yes, please provide their names:

_____

_____

Did a physical injury result from this incident? ☐Yes ☐No If yes, please describe.

_____

Was the targeted student absent from school as a result of the incident? ☐Yes ☐No

If yes, please describe

_____

Are there any notes, pictures, texts, screen shots or other evidence of the event(s) you are reporting?

_____

_____

Is there any additional information you can add?

_____

_____

Please return this report to Shawna Brown the Harassment, Intimidation, and Bullying Officer for the Darrington School District.

Thank you for reporting!

----------For Office Use----------

Received by: _____

Date received: _____

Action taken: _____

Parent/guardian contacted: _____

☐Resolved ☐Unresolved

Referred to: _____