

Washington State Harassment, Intimidation or Bullying (HIB)

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 **bullies** (if known):

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

Where did the incident happen? Circle all that apply.

Classroom Hallway Restroom Playground Locker room Lunchroom

Sport field Parking lot School bus Internet Cell phone

Other

If you select other, please describe:

Why do you think the harassment, intimidation or bullying occurred?

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

Did a physical injury result from this incident? If yes, please describe.

Was the target absent from school as a result of the incident? Yes No

If yes, please describe

Is there any additional information?

During a school activity Off school property On the way to/from school

Other (Please describe.)

Please note below what best describes what the bully did. Please choose all that apply.

Hitting, kicking, shoving, spitting, hair pulling or throwing something at the student

Getting another person to hit or harm the student

Teasing, name calling, making critical remarks or threatening in person, by phone, by e-mail, etc.

Putting the student down and making the student a target of jokes

Making rude and/or threatening gestures

Excluding or rejecting the student

Making the student fearful, demanding money or exploiting

Spreading harmful rumors or gossip

Cyber bullying (bullying by calling, texting, emailing, web posting, etc.)

Thank you for reporting!

Please submit to the District Office.

Received by:

Date received:

Action taken:

Parent/guardian contacted:

Circle one: Resolved Unresolved

-For Office Use