



South Kitsap School District

2689 Hoover Ave SE, Port Orchard, WA 98366 (360)874-7000 FAX (360)874-7068

Report of Harassment, Intimidation, or Bullying (HIB) Incident

Today's Date: _____

Completed by Person Reporting the Incident

Please submit to the student's teacher, the school's principal or if HIB allegations involve an employee, please submit to the South Kitsap School District Compliance Officer - School & Staff Support.

Completed by Staff Member Receiving the Report of the Incident

I completed the form based on (circle one) Oral In Person Report, Written Report, Email Report, Phone Conversation, Voicemail Report, Other, Please describe _____

Date Received the Report _____

Person Reporting the Incident (optional): _____

Contact Information (Optional): Phone _____ Email _____

Targeted student/person: _____

School Student Attends _____

Name of school adult already contacted about this incident (if any): _____

First and Last Names of bullies/aggressors (if known): _____

Location of Incident: _____

Please Check All That Apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Blocked movement | <input type="checkbox"/> Intimidation directed toward me | <input type="checkbox"/> Sexual stories/jokes |
| <input type="checkbox"/> Damage to my property | <input type="checkbox"/> Make my environment feel threatening | <input type="checkbox"/> Sexual Orientation Slurs |
| <input type="checkbox"/> Derogatory comments | <input type="checkbox"/> Name calling | <input type="checkbox"/> Slurs, rumors, jokes |
| <input type="checkbox"/> Disrespectful comments | <input type="checkbox"/> Offensive writing or graffiti | <input type="checkbox"/> Spreading rumors |
| <input type="checkbox"/> Electronic/Cyber Bullying | <input type="checkbox"/> Physical harm to me or threats of harm | <input type="checkbox"/> Touching or grabbing |
| <input type="checkbox"/> Excluding me from activities | <input type="checkbox"/> Pranks | <input type="checkbox"/> Other, Describe: _____ |
| <input type="checkbox"/> Gender slurs | <input type="checkbox"/> Racial slur(s) | |
| <input type="checkbox"/> Gestures | <input type="checkbox"/> Repeated behavior | |

Description of incident/situation:

For Office Use

Staff Member Receiving and Investigating HIB Incident Report: _____

Position: _____ **Date Report Received:** _____

Family of Target Notified		Date: Within 2 days of receipt	
Family of Alleged Aggressor Notified		Date: Within 2 days of receipt	
Interviews Conducted By:		Date(Within 2 days of Receipt of Report):	
People Interviewed:			
DID THE INCIDENT MEET THE DEFINITION OF HARASSMENT, INTIMIDATION OR BULLYING? YES NO ** (See Below) **			
Investigation Results:			
Date Completed: Within 5 days of Receipt			
Response/Results:			
<input type="checkbox"/> Referral to CPS if appropriate (use separate paperwork).			
Corrective Measure for Alleged Aggressor:			
<input type="checkbox"/> Perpetrator warned against retaliation. <input type="checkbox"/> Appropriate Disciplinary Action forms completed and communicated			
Resolution reached: <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, describe:			
<p>If unresolved, severe or persistent harassment, intimidation or bullying, please complete the <i>South Kitsap School District Unresolved, Severe or Persistent Harassment, Intimidation or Bullying form</i> and submit to the principal or designee unless the principal or designee is the subject of the complaint, in which case please submit the completed form to the South Kitsap School District HIB Compliance Officer along with a copy of the completed "Initial Report of a Harassment, Intimidation or Bullying Incident" form.</p>			
Family of Target Notified Name & Contact Information		Date: Within 2 days of investigation	
Family of Alleged Aggressor Notified Name & Contact Information		Date: Within 2 days of investigation	
Principal/ Compliance Officer Notified Name & Contact Information		Date: Within 2 days of investigation	

**** "Harassment, intimidation or bullying" means any intentionally written message or image — including those that are electronically transmitted — verbal, or physical act, including but not limited to one shown to be motivated by race, color, religion, ancestry, national origin, gender, sexual orientation including gender expression or identity, mental or physical disability or other distinguishing characteristics, when an act: Physically harms a student or damages the student's property; or Has the effect of substantially interfering with a student's education; or Is so severe, persistent or pervasive that it creates an intimidating or threatening educational environment; or Has the effect of substantially disrupting the orderly operation of the school. "**