Washington State Harassment, Intimidation or Bullying (HIB)

Incident Reporting Form

Reporting person (optional):		
Targeted student:		
Your e	nail address (optional):	
Your phone number (optional):Today's date:		
Name of school adult you've already contacted (if any):		
Name(s) of aggressor (if known):		
On what	at dates did the incident(s) happen (if known):	
Where	did the incident happen? Circle all that apply.	
Classro Parking proper	lot School bus Internet Cell phone During a school activity Off school	
Other (Please describe.)	
Please	check the box that best describes what the aggressor 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.)	
	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?
Thank you for reporting!
For Office Use
Received by:
Date received:
Action taken:
Parent/guardian contacted:
Circle one: Resolved Unresolved
Referred to: