

## CHIMACUM SCHOOL DISTRICT

### INCIDENT REPORTING FORM FOR HARASSMENT, INTIMIDATION OR BULLYING

The Chimacum School District is committed to a safe and civil educational environment that is free from harassment, intimidation, or bullying as defined in school board policy and procedure 3207.

Incident Reporting Forms may be used by students, families, or staff to report incidents of harassment, intimidation or bullying. Please return this form to your building principal, district staff member, superintendent or Title IX Officer.

Reporting person (optional):	
Targeted student:	
Your email address (optional):	
Your phone number (optional):	Today's Date:
Name(s) 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
Sport Field	Parking Lot
On the Way To/From School	School Bus
	Playground
	Locker Room
	Internet
	Cell Phone
	During a School Activity
	Lunchroom
	Off Campus
Other (please describe): _____	
Please check the box that best describes what the bully did. Please choose all that apply.	
<input type="checkbox"/> Hitting, kicking, shoving, spitting, hair pulling or throwing something at the student <input type="checkbox"/> Getting another person to hit or harm the student <input type="checkbox"/> Teasing, name calling, making critical remarks or threatening in person, by phone, by e-mail, etc. <input type="checkbox"/> Putting the student down and making the student a target of jokes <input type="checkbox"/> Making rude and/or threatening gestures <input type="checkbox"/> Excluding or rejecting the student <input type="checkbox"/> Making the student fearful, demanding money or exploiting <input type="checkbox"/> Spreading harmful rumors or gossip <input type="checkbox"/> Cyber bullying (bullying by calling, texting, emailing, web posting, etc.) <input type="checkbox"/> Other	
If you select other, please describe: _____	
Why do you think the harassment, intimidation or bullying occurred?	
Were there any witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide names:	
Did a physical injury result from this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:	

Was the target absent from school as a result of the incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe: _____ _____		
Is there any additional information? _____ _____ _____ _____ _____		

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

Received by:
Date received:
Action taken:
Parent/guardian contacted on: _____
Circle one:                      Resolved                      Unresolved
Referred to:

*Persons found to knowingly report false allegations will be subject to disciplinary action.*

***A copy of this form will be distributed to the Title IX Compliance Officer.***