

Newport School District 56-415
P. O. Box 70 Newport, WA 99156 (509) 447-3167

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 aggressor(s) (if known): _____

➤ **Where did the incident happen?** Choose all that apply -

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Cell phone | <input type="checkbox"/> Locker room | <input type="checkbox"/> Parking lot |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Lunchroom/Cafeteria | <input type="checkbox"/> Playground |
| <input type="checkbox"/> During a school activity | <input type="checkbox"/> Off school property | <input type="checkbox"/> Restroom |
| <input type="checkbox"/> Gym | <input type="checkbox"/> On the way to/from school | <input type="checkbox"/> School bus |
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Online/Internet | <input type="checkbox"/> Sport field |

Other _____

➤ **Please check the box that best describes what the bully did.** Choose all that apply -

- | | | |
|--|---|---|
| <input type="checkbox"/> Blocked movement | <input type="checkbox"/> Gestures (Explain) | <input type="checkbox"/> Racial slur(s) |
| <input type="checkbox"/> Damage to my property | <input type="checkbox"/> Gossip | <input type="checkbox"/> Repeated behavior |
| <input type="checkbox"/> Derogatory comments | <input type="checkbox"/> Intimidation directed at me | <input type="checkbox"/> Sexual stories/jokes/pictures |
| <input type="checkbox"/> Disrespectful comments | <input type="checkbox"/> Name calling | <input type="checkbox"/> Sexual Orientation Slurs |
| <input type="checkbox"/> Electronic / Cyberbullying | <input type="checkbox"/> Offensive writing or graffiti | <input type="checkbox"/> Slurs, rumors, jokes |
| <input type="checkbox"/> Excluding me from activities | <input type="checkbox"/> Physical harm or threats of harm | <input type="checkbox"/> Spreading rumors |
| <input type="checkbox"/> Hazing (Club, team, class, other) | <input type="checkbox"/> Pranks | <input type="checkbox"/> Threats (to me, friends, school) |
| <input type="checkbox"/> Gender slurs | <input type="checkbox"/> Put downs | <input type="checkbox"/> Touching / grabbing |

Other _____

Please turn over to complete

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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

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?

Thank you for reporting!

Received by: _____

Date received: _____

Action taken: _____

Parent/guardian contacted: _____

Circle one: Resolved Unresolved

Referred to: _____