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 -

☐ Cell phone
☐ Classroom
☐ During a school activity
☐ Gym
☐ Hallway
☐ Locker room
☐ Lunchroom/Cafeteria
☐ Off school property
☐ On the way to/from school
☐ Online/Internet
☐ Parking lot
☐ Playground
☐ Restroom
☐ School bus
☐ Sport field
☐ Other _____________________________

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

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