

LONGVIEW SCHOOL DISTRICT
Hazing, Harassment, Intimidation or Bullying (HIB) 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 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 Playground Locker room Lunchroom Sport field
Parking lot School bus Internet Cell phone School activity Off school property On the way to/from school

Other (Please describe.) _____

Please check the box that best describes what the bully 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?

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

Received by: _____ Date received: _____

Action taken: _____

Parent/guardian contacted: _____

Circle one: Resolved Unresolved Referred to: _____