

# Okanogan School District Harassment, Intimidation or Bullying (HIB)

## Incident Reporting Form

**Reporting person** (optional):

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**Targeted student:**

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**Your email address** (optional):

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**Your phone number** (optional): \_\_\_\_\_ **Today's date:**

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**Name of school employee you have already contacted** (if any): \_\_\_\_\_ -

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**Name(s) of bullies** (if known):

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**On what dates did the incident(s) happen** (if known):

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**Where did the incident happen?** Circle all that apply.

Classroom    Hallway                      Restroom    Playground    Locker room    Lunchroom    Sport field    Parking lot    Internet    Cell phone    During a school activity    Off school property    On the way to/from school

Other (Please describe.) \_\_\_\_\_

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**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 you
- Getting another person to hit or harm you
- Teasing, name calling, making critical remarks or threatening in person, by phone, by e-mail, etc.
- Putting you down and making you a target of jokes
- Making rude and/or threatening gestures to you

- Excluding or rejecting you
- Making you fearful, demanding money or exploiting
- Spreading harmful rumors or gossip about you
- 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 or emotional injury result from this incident? If yes, please describe.**

\_\_\_\_\_

**Were you absent from work as a result of this 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:** \_\_\_\_\_