

Issaquah School District
Prohibition Against Harassment, Intimidation and Bullying
Incident Reporting Form #3207F

Reporting person (Optional): _____ **Today's Date:** _____

Your phone number (optional): _____ **Best way to contact:** phone email

Your email address (optional): _____

Report is being made Anonymous Confidential Non-confidential see 3207P for definitions

Targeted student(s): _____

Name of school adult you've already contacted (if any): _____

Name(s) of reported aggressor (if known): _____

Check if this is the **First Incident.** Check if this has been **Ongoing.** For how long? _____

On what date(s) did the incident(s) happen (if known)? _____

Where did the incident happen? Check all that apply:

- Classroom Hallway Restroom Playground Locker room Lunchroom Sports field
 Parking lot School bus On-line Cell phone During a school activity Off school property
 On the way to/from school Other (please describe): _____

Please check below all that apply:

<input type="checkbox"/> Hitting, kicking, shoving, spitting, hair pulling, touching, grabbing or throwing something at student	<input type="checkbox"/> Getting another person to hit or harm the student	<input type="checkbox"/> Physical harm or threats
<input type="checkbox"/> Blocked movement	<input type="checkbox"/> Intimidation directed toward me	<input type="checkbox"/> Excluding or rejecting the student
<input type="checkbox"/> Making rude and/or threatening gestures	<input type="checkbox"/> Spreading harmful rumors or Gossip	<input type="checkbox"/> Making my environment feel threatening
<input type="checkbox"/> Making the student fearful, demanding money or exploiting	<input type="checkbox"/> Damage to my property	<input type="checkbox"/> Offensive writing or graffiti
<input type="checkbox"/> Pranks	<input type="checkbox"/> Disrespectful comments	<input type="checkbox"/> Derogatory comments
<input type="checkbox"/> Name calling	<input type="checkbox"/> Racial slur(s)	<input type="checkbox"/> Gender slurs
<input type="checkbox"/> Sexual orientation slurs	<input type="checkbox"/> Sexual stories/jokes	<input type="checkbox"/> Cyber bullying (calling, texting, emailing, social media posting, etc.)
<input type="checkbox"/> Repeated behavior	<input type="checkbox"/> Retaliation from a previous conflict	<input type="checkbox"/> Other, Describe:

Description of incident/situation (Continue on another page if needed):

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 If yes, please describe: _____

Are there any notes, pictures, texts, screen shots or other evidence of the event(s) you are reporting?
 Yes No If yes, please describe (and attach): _____

Is there any additional information you can add?

**Thank you for reporting.
 Return Incident Reporting Form to the School Principal.**

For Internal Use ONLY:																											
Above Report Received By:		Date Received:																									
Interview Conducted By:		Today's Date: Within 2 days of receipt																									
Report being made is:	<input type="checkbox"/> Anonymous <input type="checkbox"/> Confidential <input type="checkbox"/> Non-Confidential																										
Family of Targeted Student(s) Notified	<input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Other: _____ Name/Relationship:	Date: Within 2 days of receipt																									
Family of Alleged Aggressor(s) Notified	<input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Other: _____ Name/Relationship:	Date: Within 2 days of receipt																									
Compliance Officer Notified:	<input type="checkbox"/> Yes Date: _____ Check one: <input type="checkbox"/> Resolved <input type="checkbox"/> Unresolved																										
Action Taken:																											
Report entered in Skyward (*See directions for entering into Discipline Notes)	<input type="checkbox"/> Yes <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <thead> <tr> <th style="width: 10%;">Code</th> <th style="width: 30%;">Short Description</th> <th style="width: 60%;">Long Description</th> </tr> </thead> <tbody> <tr> <td>DDIS</td> <td>Alleg-Disability</td> <td>Allegation Disability</td> </tr> <tr> <td>DGEN</td> <td>Alleg-Gender</td> <td>Allegation Gender</td> </tr> <tr> <td>DISC</td> <td>Discipline</td> <td>Discipline</td> </tr> <tr> <td>DRAC</td> <td>Alleg-Race</td> <td>Allegation Race</td> </tr> <tr> <td>DREL</td> <td>Alleg-Religion</td> <td>Allegation Religion</td> </tr> <tr> <td>DSO</td> <td>Alleg-Sex Orien</td> <td>Allegation Sexual Orientation</td> </tr> <tr> <td>DGENID</td> <td>Alleg-Gender Id</td> <td>Allegation Gender Identity</td> </tr> </tbody> </table> <p style="font-size: 8px;">* IF the allegation is not connected to a protected class, enter with DISC code and description write "HIB incident report form".</p>	Code	Short Description	Long Description	DDIS	Alleg-Disability	Allegation Disability	DGEN	Alleg-Gender	Allegation Gender	DISC	Discipline	Discipline	DRAC	Alleg-Race	Allegation Race	DREL	Alleg-Religion	Allegation Religion	DSO	Alleg-Sex Orien	Allegation Sexual Orientation	DGENID	Alleg-Gender Id	Allegation Gender Identity	Date:	
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Paperwork sent to Compliance Officer	<input type="checkbox"/> Yes	Date:																									