

**Walla Walla Public Schools
Harassment, Intimidation or Bullying (HIB)
Incident Reporting Form**

Reporting person (optional): _____

Targeted student(s): _____

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):

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

Where did the incident happen?

Please describe what happened.

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/work as a result of the incident? Yes ☐ No ☐ If yes, please describe.

Are there any notes, pictures, texts, screenshots or other evidence of the event(s) you are reporting?

Is there any additional information you would like to share?

Thank you for reporting!

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

Received by: _____

Date received: _____

Action taken: _____

Parent/guardian contacted: _____

Check one: Resolved ☐ Unresolved ☐

Referred to: _____