



Harassment, Intimidation or Bullying (HIB) Incident Reporting Form

Reporting person (optional): _____

Targeted Person: _____

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? Select all that apply.

- | | | | | | |
|---|--|--|-------------------------------------|--|--|
| ☐ Classroom | ☐ Hallway | ☐ Restroom | ☐ Playground | ☐ Locker room | ☐ Lunchroom/Cafeteria |
| ☐ Sport field | ☐ Gym | ☐ Parking lot | ☐ School bus | ☐ Online/Internet | ☐ Cell phone |
| ☐ During a 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.

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

☐ Other: (Please describe.)

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? If yes, please describe.

Was the targeted person 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?

Is there any additional information you can add?

Thank you for reporting!

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

Received by: _____

Date received: _____

Action taken: _____

Check one: ☐ Resolved ☐ Unresolved

Referred to: _____



1913 West 2nd Street | Grandview, WA 98930 | P: (509) 882-8500 | F: (509) 882-2029 | gsd200.org

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El Distrito Escolar de Grandview no discrimina en ningún programa o actividad por motivos de sexo, raza, credo, religión, color, origen nacional, edad, condición de veterano o militar, orientación sexual, expresión o identidad de género, discapacidad o el uso de un perro guía entrenado o animal de servicio y brinda igualdad de acceso a los Boy Scouts y otros grupos juveniles designados. El siguiente empleado ha sido designado para manejar preguntas y quejas de supuesta discriminación: El Director Ejecutivo de Programas Especiales es el Coordinador del Título IX asignado/Coordinador de la Sección 504/ADA/Coordinador de Cumplimiento de Derechos Civiles. La información de contacto es la siguiente; 913 W 2nd St Grandview WA 98930, 509-882-8500, compliance@gsd200.org.