Washington State Harassment, Intimidation or Bullying (HIB)

Incident 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 During a school activity Off Campus
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?

_____

_____

Thank you for reporting!

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

Received by: _____

Date received: _____

Action taken: _____

Parent/guardian contacted: _____

Circle one: Resolved Unresolved

Referred to: _____