Northshore School District

NSD Student – Harassment, Intimidation, Bullying (HIB) Report Form

RCW's: 28A.300.285, 28A.640.020, 28A.642, 49.60.010

Incident ID#:

Reporter

Current Date: _____ Current Time: _____

Reporting Person (Optional): _____ Phone # (Optional): _____

E-mail Address (Optional): _____ Students School:_____

Targeted Student Name: _____ Gender: ☐M ☐F Grade: _____

Incident Description

Name(s) of school adult that has already been contacted (if any): _____

Name(s) of Aggressor, Bully, Initiator (if known): _____

Name(s) of witnesses (if any): _____

What Date(s) / Time(s) did the incident happen (if known): _____

Where did the incident happen? (Check all that apply): ☐ Classroom ☐ Locker Room ☐ Restroom

☐ Playground ☐ Hallway ☐ Lunch Room ☐ Sports Field ☐ Parking Lot ☐ School Bus

☐ Internet ☐ Cell Phone ☐ Off Campus ☐ On way to / from school

☐ Other: Please Describe: _____

Check the box that best describes what the bully, aggressor, initiator did (Check all that apply):

☐ Hitting, kicking, shoving, spitting, hair pulling or throwing something at targeted student.

☐ Teasing, name calling, making mean or threatening comments.

☐ Making rude and / or threatening gestures.

☐ Spreading harmful rumors or gossip

☐ Excluding or rejecting the targeted student.

☐ Getting another person to hit or harm student.

☐ Making targeted student fearful, demanding money or exploiting.

☐ Other: Please Describe: _____

Please describe any additional incident details: _____

_____

_____

_____

Was this / these event(s): ☐ Physical ☐ Electronic ☐ In-Person

Official Use Only

Received by: _____ Date Received: _____ Time Received: _____

☐ Action Taken *or* ☐ Unfounded Referred to: _____

☐ **Victim's** Guardian Contacted on (Date): _____ ☐ **Aggressor's** Guardian Contacted on (Date): _____

☐ Letter to **Victim's** Guardian on (Date): _____ ☐ Letter to **Aggressor's** Guardian on (Date): _____

☐ Compliance Officer Advised Date advised: _____ Time advised: _____

☐ Police Called Agency: _____ Officer: _____ Case #: _____

Safety Services Officer ID: _____ Detail Code: _____ Clear Code: _____

Victim's Name: _____ D.O.B. _____ Grade _____ Gender: ☐M ☐F

Suspect 1 Name:_____ D.O.B. _____ Grade _____ Gender: ☐M ☐F

Suspect 2 Name:_____ D.O.B. _____ Grade _____ Gender: ☐M ☐F