

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 aggressor(s) (if known):

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

Where did the incident happen? Check 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 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?

Is there any additional information you can add? Use additional pages if needed.

Please mail or drop off the completed form to:

Richland School District
Attn: HIB Coordinator
6972 Keene Road
West Richland, WA 99353

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

Received by: _____

Date received: _____

Action taken: _____

Parent/guardian contacted: _____

Incident: ☐ Resolved ☐ Unresolved

Referred to: _____