



# Tumwater School District

## HIB Incident Report Full Form

### ***Harassment, Intimidation, & Bullying Incident Reporting Form***

Today's Date:

School:

Complainant:

Reporting Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Complaint Type (select one):

| <input type="checkbox"/> Anonymous                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Confidential                                                                                                                                                                                          | <input type="checkbox"/> Non-Confidential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Individuals may file a report without revealing their identity. No disciplinary action will be taken against an alleged aggressor based solely on an anonymous report. Possible responses to an anonymous report include enhanced monitoring of specific locations at certain times of day or increased monitoring of specific students or staff. | Individuals may ask that their identities be kept secret from the accused and other students. Like anonymous reports, no disciplinary action will be taken against an alleged aggressor based solely on a confidential report. | Complainants agreeing to make their complaint non-confidential will be informed that due process requirements may require that the district release all the information that it has regarding the complaint to any individuals involved in the incident, but that even then, information will still be restricted to those with a need to know, both during and after the investigation. The district will, however, fully implement the anti-retaliation provision of this policy and procedure to protect complainants and witnesses. |

Name of person(s) who was targeted: \_\_\_\_\_

Name of school personnel you've notified: \_\_\_\_\_

Additional Names Notified:

Date Reported

|  |  |
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|  |  |
|  |  |
|  |  |

Name of alleged aggressor (if known) or other identifiers (like physical description or class student attends):

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|--|
|  |
|--|



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Date and time incident occurred (if known): \_\_\_\_\_

| Where did the incident occur?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | What happened during the incident?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Classroom<br><input type="checkbox"/> Hallway<br><input type="checkbox"/> Restroom<br><input type="checkbox"/> Playground<br><input type="checkbox"/> Locker Room<br><input type="checkbox"/> Lunchroom<br><input type="checkbox"/> Sport Field<br><input type="checkbox"/> Parking Lot<br><input type="checkbox"/> School Bus<br><input type="checkbox"/> School activity<br><input type="checkbox"/> On the way to/from school<br><input type="checkbox"/> Off school property Internet/social media<br><input type="checkbox"/> Cell phone<br><input type="checkbox"/> Other: | <input type="checkbox"/> Taunting, cruelty<br><input type="checkbox"/> Putting the individual down and making the individual a target of jokes, teasing, or name calling<br><input type="checkbox"/> Intimidation, humiliation<br><input type="checkbox"/> Retaliation<br><input type="checkbox"/> Spreading harmful rumors or gossip<br><input type="checkbox"/> Exclusion, rejection<br><input type="checkbox"/> Cyber bullying (bullying by calling, texting, emailing, web posting, etc.)<br><input type="checkbox"/> Threats using gestures or remarks<br><input type="checkbox"/> Sharing inappropriate drawings, cartoons, photographs, images, or notes<br><input type="checkbox"/> Harmful physical contact<br><input type="checkbox"/> Sexual harassment: making unwelcomed sexual advances, requests for sexual favors, sexually motivated physical contact, or other verbal or physical conduct of a sexual nature<br><input type="checkbox"/> Using others to harm a student<br><input type="checkbox"/> Demanding money from a student<br><input type="checkbox"/> Taking advantage of a student<br><input type="checkbox"/> Discrimination: Harassment based on or motivated by race, color, religion, ancestry, national origin, ethnicity, cultural background, gender, socio-economic status, homelessness, immigration or citizenship status, sexual orientation (including gender expression or identity), mental or physical disability, neurodivergence, or other distinguishing characteristics.<br><input type="checkbox"/> Other: |
| Was anybody physically hurt?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Was the student absent from school because of what happened?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> No<br><input type="checkbox"/> Yes, medical attention NOT required<br><input type="checkbox"/> Yes, medical attention required<br>If Yes, please explain:                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br>Number of day student was absent: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |



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Describe what happened:

Where there any witnesses?

☐

No

☐

Yes

If yes, please list names: \_\_\_\_\_

What is your desired resolution or outcome?

Is there any additional information that needs to be shared?

### Affirmation

I affirm that the information and documentation I have provided with regards to this complaint is true and accurate to the best of my knowledge. I acknowledge that knowingly providing false information or information that I do not believe to be true in this complaint form or during the investigation may subject me to disciplinary action.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### For Office Use Only

|                 |              |               |
|-----------------|--------------|---------------|
| Date Received:  | Received By: | Action Taken: |
| Parent/Guardian | Student ID:  | Aggressor ID: |
| Check One:      | Resolved     | Unresolved    |
|                 |              | Referred to:  |

*Send all written complaints – by mail, email, or hand delivery – to the district civil rights compliance coordinator,  
Meagan Dawson (meagan.dawson@tumwater.k12.wa.us)*