

Washington State Harassment, Intimidation or Bullying (HIB)

PROHIBITION OF HARASSMENT, INTIMIDATION AND BULLYING, POLICY 3207/P

Incident Reporting Form

| Schoo | l: | | | | | |
|--|--|--|--|---|----------------------------------|----------------|
| Repor | ting pers | on (optional): | | | | |
| Target | ed stude | ent: | | | | |
| Your e | mail add | lress (optional) | : | | | |
| Your phone number (optional):Today's date: | | | | | | |
| Name | of schoo | ol adult you've | already contact | ed (if any): | | |
| Name | (s) of bul | lies (if known): | | | | |
| On wh | at dates | did the incide | nt(s) happen (if | known): | | |
| Where | e did the | incident happ | en? Circle all th | at apply. | | |
| Classroom Hallway Parking lot School bus Off school property | | Restroom Internet On the way te | 70 | Locker room Lunchroom During a school activity | Sport field | |
| Other | (Please d | lescribe.) | | | | |
| Please | check th | ne box that be | st describes what | at the bully did. | Please choose all that apply. | |
| | Getting Teasing Putting Making Excludi Making Spread Cyber k media the inve Hazing | g another perso g, name-calling g the student de g rude and/or t ing or rejecting g the student fe ing harmful run oullying (bullyin or an internet s estigation? | on to hit or harm , making critical own and making hreatening gest the student earful, demandin mors or gossip ng by calling, tex site(s), will you a Yes | n the student remarks or threa g the student a ta ures ng money or expl sting, emailing, w | | nvolves social |
| Descri | be the in | cident, providi | ng specific detai | ils (write on anot | her piece of paper if you need m | ore space): |

| Why do you think the harassment, intimidation or bullying occurred? |
|---|
| Were there any witnesses? Yes \Box No \Box 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? |
| |
| For Office UseFor Office Use |
| Received by: |
| Date received: |
| Action taken: |
| Parent/guardian contacted: |
| Circle one: Resolved Unresolved |
| Referred to: |

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