

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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