## Washington State Harassment, Intimidation or Bullying (HIB) Incident Reporting Form

Reporting	<b>person</b> (opt	ional):						
					School:			
Your e-ma	il address (	optional):						
Your phone number (optional):					Today's date:			
Name of sc	hool adult :	you've alread	ly contacted (	(if any):				
Name(s) of	bullies (if l	(nown):						
On what da	ate(s) did th	ne incident(s)	happen (if kr	nown):				
Where did	the inciden	t happen? C	ircle all that a	pply.				
		Cell Phone	During a So	chool Activity	Lunch Room Off School Prop	erty On Way	Parking Lot y To/From School	
□ Hitting,	kicking, sh		g, hair pulling	, or throwing sor	ease choose all th mething at the stu			
<ul> <li>Teasing</li> <li>Putting</li> <li>Making</li> <li>Excludition</li> </ul>	the student rude and/or ng or reject	ng, making cr down and mal r threatening g ing the studen	ritical remarks king the stude gestures. t.	or threatening int a target of jok	n person, by phor es.	ne, by e-mail, e	tc.	
□ Spreadi	ng harmful	fearful, dema rumors or gos llying by callin	sip.	or exploiting. mailing, web po	sting, etc.)			
If you selec	ted other, j	please descrif	De:					
Why do yo	u think the	harassment,	intimidation	or bullying occ	urred?			
Where the	re any with	esses? □ Ye	s 🗆 No 🛾	lf yes, please pr	ovide their name	es:		
Did a phys	ical injury	result from th	nis incident?	If yes, please d	escribe:			

Was the target absent from school as a result of the incident? □ Yes □ No If yes, please describe:

Is there any additional information?

Parent/Guardian Contacted:

Circle one: Resolved Unresolved Referred to:

Attach any additional comments.

Distribution: Parent/Guardian/Student (white) Compliance Officer (green) Student File (canary) Building Administrator (pink)