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

Reporting person (optional):
Fargeted student: School:
Your e-mail address (optional):
Your phone number (optional): Today's date:
Name of school adult you've already contacted (if any):
Name(s) of bullies (if known):
On what date(s) did the incident(s) happen (if known):
Where did the incident happen? Circle all that apply.
Classroom Hallway Restroom Playground Locker Room Lunch Room Sport Field Parking Lot
School Bus Internet Cell Phone During a School Activity Off School Property On Way To/From School
Other (please describe):
 Please check the box that best describes what the bully did. Please choose all that apply. Hitting, kicking, shoving, spitting, hair pulling, or throwing something at the student. Getting another person to hit or harm the student. Teasing, name calling, making critical remarks or threatening in person, by phone, by e-mail, etc. Putting the student down and making the student a target of jokes. Making rude and/or threatening gestures. Excluding or rejecting the student. Making the student fearful, demanding money or exploiting. Spreading harmful rumors or gossip. Cyber bullying (bullying by calling, texting, e-mailing, web posting, etc.) Other
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 target absent from school as a result of the incident? Us In No If yes, please describe:

Is there any additional information?

Received by: _____ Date Received: _____

Action Taken:

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)