

Alleged HIB Incident Report Form

(Washington State Form)

Reporting person (optional): _____

Targeted student (victim or victims):

Your email 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 Lunchroom Sport field
Parking lot School bus Internet Cell phone During a school activity Off school property
On the 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 or in written form.
- 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
- Teasing, name calling, critical remarks or threatening by phone, texting, emailing, web posting, etc.
- Other (please describe): _____

Please make sure both sides are completed

Why do you think the harassment, intimidation or bullying occurred?

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 victim absent from school as a result of the incident? Yes No If yes, please describe

Is there any additional information?

Thank you for reporting!

-----For Office Use-----

Received by: _____

Date received: _____

Action taken: _____

Parent/guardian contacted: _____

Circle one: Resolved Unresolved

Referred to: _____

Date form was sent to District HIB Compliance Officer: _____