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
Camas School District Harassment, Intimidation or Bullying (HIB)

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: __________________________

Please make sure both sides are completed