Washington State Harassment, Intimidation or Bullying (HIB)

Incident Reporting Form

Report	ing person (optional):
Targete	ed student:
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 dates did the incident(s) happen (if known):	
Where	did the incident happen? Circle all that apply.
Classro Parking proper	lot School bus Internet Cell phone During a school activity Off 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, emailing, web posting, etc.)
	Other
If you s	alact other place describe:

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 target 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:	