Washington State Harassment, Intimidation or Bullying (HIB)

Sample Incident Reporting Form

**Reporting person** (optional): ________________________________________________________

**Targeted student:** ________________________________________________________________

**Your email address** (optional): ____________________________________________________

**Your phone number** (optional): ____________________________ **Today's date:** ____________________________

**Name of school adult you’ve already contacted** (if any): ________________________________________________________________

**Name(s) of aggressor(s)** (if known):

____________________________________________________________

**On what dates did the incident(s) happen** (if known):

____________________________________________________________

**Where did the incident happen?** Circle all that apply.

- [ ] Classroom
- [ ] Hallway
- [ ] Restroom
- [ ] Playground
- [ ] Locker room
- [ ] Lunchroom/Cafeteria
- [ ] Sport field
- [ ] Gym
- [ ] Parking lot
- [ ] School bus
- [ ] Online/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.

- [ ] Blocked movement
- [ ] Damage to my property
- [ ] Derogatory comments
- [ ] Disrespectful comments
- [ ] Electronic / Cyberbullying
- [ ] Excluding me from activities
- [ ] Hazing (Club, team, class, other)
- [ ] Gender slurs
- [ ] Racial slur(s)
- [ ] Repeated behavior
- [ ] Sexual stories/jokes/pictures
- [ ] Sexual Orientation Slurs
- [ ] Slurs, rumors, jokes
- [ ] Spreading rumors
- [ ] Threats (to me, friends, school)
- [ ] Touching / grabbing

- [ ] Other: (Please describe.)

______________________________________________________________
Why do you think this 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 targeted student absent from school as a result of the incident? □ Yes □ No If yes, please describe

Are there any notes, pictures, texts, screen shots or other evidence of the event(s) you are reporting?

Is there any additional information you can add?

Thank you for reporting!

For Office Use

Received by: ____________________________________________________________

Date received: ____________________________

Action taken: __________________________________________________________

Parent/guardian contacted: ______________________________________________

Circle one: Resolved Unresolved

Referred to: __________________________________________________________