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  ☐ Gestures (Explain)  ☐ Racial slur(s)

☐ Damage to my property  ☐ Gossip  ☐ Repeated behavior

☐ Derogatory comments  ☐ Intimidation directed at me  ☐ Sexual stories/jokes/pictures

☐ Disrespectful comments  ☐ Name calling  ☐ Sexual Orientation Slurs

☐ Electronic / Cyberbullying  ☐ Offensive writing or graffiti  ☐ Slurs, rumors, jokes

☐ Excluding me from activities  ☐ Physical harm or threats of harm  ☐ Spreading rumors

☐ Hazing (Club, team, class, other)  ☐ Pranks  ☐ Threats (to me, friends, school)

☐ Gender slurs  ☐ Put downs  ☐ Touching / grabbing

☐ Other: (Please describe.)
Why do you think this occurred?

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Were there any witnesses? Yes ☐ No ☐ If yes, please provide their names:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
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___________________________________________________________________________________________

Did a physical injury result from this incident? If yes, please describe.

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___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Was the targeted student absent from school as a result of the incident? ☐ Yes ☐ No
If yes, please describe

___________________________________________________________________________________________
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___________________________________________________________________________________________

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

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___________________________________________________________________________________________

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:  __________________________________________
