Washington State Harassment, Intimidation or Bullying (HIB)

Incident Reporting Form

Report	g person (optional):	_					
	student:	_					
Your e	ail address (optional):						
Your p	ne number (optional):Today's date:						
Name	school adult you've already contacted (if any):	_					
Name(of bullies (if known):						
On wh	dates did the incident(s) happen (if known):	•					
Where	d the incident happen? Circle all that apply.	•					
Classro Parking On the	, , , , , , , , , , , , , , , , , , , ,						
Other (ease describe.)						
Please	neck the box that best describes what the bully did. Please choose all that apply.						
	litting, kicking, shoving, spitting, hair pulling or throwing something at the student						
	Setting another person to hit or harm the student						
	easing, name calling, making critical remarks or threatening in person, by phone, by e-mail, etc.						
	outting the student down and making the student a target of jokes						
	Making rude and/or threatening gestures						
	xcluding or rejecting the student						
	Making the student fearful, demanding money or exploiting						
	preading harmful rumors or gossip						
	Cyber bullying (bullying by calling, texting, emailing, web posting, etc.)						
	Other						
If you	lect other please describe:						

Vere there any witnesses? Ye	es 🗌 No 🗌 If yes, ple	ase provide their names:		
Did a physical injury result fro	m this incident? If yes, p	olease describe.		
Nas the target absent from sc	hool as a result of the in	ncident? Yes 🗆 No 🗀 If yes		
s there any additional informa	ation?			
	Thank you	for reporting!		
	•			
 Received by:		fice Use	•	
Date received:				
Action taken:				_
Parent/guardian contacted:			·	
Parent/guardian contacted: _ Circle one: Resolved Referred to:	Unresolved			