

Washington State Harassment, Intimidation or Bullying (HIB)

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 bullies (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	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, 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 select other, please describe: _____