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 individual(s) you are reporting:
________________________________________________________________________

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 individual(s) 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: ____________________________

Reviewed: June 8, 2011  Bainbridge Island School District
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: _______________________________________________________________