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.

1. Classroom
2. Hallway
3. Restroom
4. Playground
5. Locker room
6. Lunchroom
7. Sport field
8. Parking lot
9. School bus
10. Internet
11. Cell phone
12. During a school activity
13. Off school property
14. On the way to/from school
15. 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: ________________________________

Reviewed: June 8, 2011

Bainbridge Island School District