

**Evaline School District  
Harassment, Intimidation or Bullying (HIB)  
STUDENT Incident Reporting Form**

Date: \_\_\_\_\_

Reporting Person:(optional) \_\_\_\_\_

I think I was bullied       I think someone else was bullied

**Who** was being bullied if NOT you: \_\_\_\_\_

Name(s) of bully(s) (if known): \_\_\_\_\_

**When** did this happen? \_\_\_\_\_

Were there any witnesses? \_\_\_\_\_

**Where** did the bullying happen? Circle all that apply

**Classroom   Recess   School Bus   Lunchroom   Bathroom   Hallway   Internet**

Please check the box that best describes **WHAT** the bully did. **Please check all that apply.**

- Hitting, kicking, shoving, spitting, hair pulling or throwing something at the student
- Getting another student to hit or harm the student
- Teasing, name calling, saying mean words or threatening in person, by phone, by email
- Putting the student down and making the student a target of jokes
- Making rude and/or threatening hand movement (gestures)
- Leaving someone out on purpose, rejecting friendship
- Making the student feel unsafe
- Spreading hurtful rumors or gossip
- Other:(please explain) more room on the back of page if needed

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HIB Compliance Officer:  
Kyle MacDonald  
[kmacdonald@evalinesd.k12.wa.us](mailto:kmacdonald@evalinesd.k12.wa.us)  
360-785-3460

**FOR OFFICE USE**

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**Received by:**

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**Date received:** \_\_\_\_\_

**Action taken:**

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**Parent/guardian contacted:**  Yes  No

**Date and Time Contacted:** \_\_\_\_\_

**Check one:**  Resolved  Unresolved

**Referred to:**

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