

Pe Ell School 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 aggressor(s) (if known):

On what dates did the incident(s) happen (if known):

Where did the incident happen? Check all that apply.

- Classroom
- Hallway
- Restroom
- Playground
- Locker room
- Lunchroom/Cafeteria
- Sport field
- Gym
- Parking lot
- School bus
- Online/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.

- Blocked movement
- Damage to my property
- Derogatory comments
- Disrespectful comments
- Electronic / Cyberbullying
- Excluding me from activities
- Hazing (club, team, class, other)
- Gender slurs
- Gestures (Explain)
- Gossip
- Intimidation directed at me
- Name calling
- Offensive writing or graffiti
- Physical harm or threats of harm
- Pranks
- Put downs
- Racial slur(s)
- Repeated behavior
- Sexual stories/jokes/pictures
- Sexual Orientation Slurs
- Slurs, rumors, jokes
- Spreading rumors
- Threats (to me, friends, school)
- Touching / grabbing

Other (Please describe):

Why do you think this 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 targeted student absent from school as a result of the incident? Yes No

If yes, please describe

Are there any notes, pictures, texts, screen shots or other evidence of the event(s) you are reporting?

Is there any additional information you can add?

Thank you for reporting!

-----For Office Use-----

Received by: _____

Date received: _____

Action taken: _____

Parent/guardian contacted: _____

Circle one: Resolved Unresolved

Referred to: _____