Harassment, Intimidation and Bullying (HIB) of Students

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 Parking lot On the way to Other (Please			Restroom Internet	P layground C ell phone	Locker room Lunchroom Sport field During a school activity Off school property	
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 s	If you select other, please describe:					

Reviewed: 12/12/2023; 6/8/2011 Bainbridge Island School District

why do you think the narassment, intimidation or builying 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:

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