

Washington State Harassment, Intimidation or Bullying (HIB)

Pioneer School District No. 402  
Incident Reporting Form

Reporting person (optional): \_\_\_\_\_

Targeted School: \_\_\_\_\_

Your email address (optional): \_\_\_\_\_

Your phone number (optional): \_\_\_\_\_ Today's date: \_\_\_\_\_

Name of school adult you've already contacted (if any): \_\_\_\_\_

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

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

Where did the incident happen? Circle all that apply: \_\_\_\_\_

- |                           |             |                          |                     |
|---------------------------|-------------|--------------------------|---------------------|
| Classroom                 | Hallway     | Restroom                 | Locker Room         |
| Lunch Room                | 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 bully 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, 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: \_\_\_\_\_

Why do you think the harassment, intimidation or bullying occurred?

---

Were there any witnesses?  No  Yes If yes, please provide their names.

---

Did a physical injury result from this incident?  No  Yes If yes, please describe.

---

Was the target absent from school as a result of the incident?  No  Yes If yes, please describe.

---

Is there any additional information?

---

---

---

Thank you for reporting!  
Send completed form to school principal

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

Received by: \_\_\_\_\_

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

Action taken: \_\_\_\_\_

Parent/guardian contacted: \_\_\_\_\_

Check One:  Resolved  Unresolved

Referred to: \_\_\_\_\_