Wishkah Valley School District
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 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  Playground  Locker room  Lunchroom  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, 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: ________________________________

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? Yes □ No □ 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: ________________________________