Harassment, Intimidation, or Bullying (HIB) Incident Reporting Form

Definitions: Harassment, intimidation, or bullying is an intentional electronic, written, verbal or physical act that physically harms a student or damages the student’s property; or Has the effect of substantially interfering with a student’s education; or Is so severe, persistent or pervasive that it creates an intimidating or threatening educational environment; or Has the effect of substantially disrupting the orderly operation of the school. The aggressor may be another student or it may be an adult member of the district or school staff. The targeted student does not have to possess a characteristic (race, color, religion, ancestry, national origin, gender, gender identity, sexual orientation or mental or physical disability), or other distinguishing characteristics, that is a basis for the harassment, intimidation, or bullying. “Other distinguishing characteristics” can include but are not limited to: physical appearance, clothing or other apparel, socioeconomic status, and weight.

Compliance: Compliance Officer is Sara Hoover, Risk and Compliance: 253.530.1003

RCW 28A.300.285 States that primary contact person receives copies of all formal and informal complaints, is responsible assuring implementation of HIB policy and procedure, and is the primary contact on the policy and procedures between the school district, the Office of the Education Ombudsman, and the Office of the Superintendent of Public Instruction.

Today’s date: _______________ School: ____________________________

Reporting person’s name, email and telephone (optional): ____________________________

ADMINISTRATOR TO NOTIFY HIB COMPLAINECE OFFICER WHEN INCIDENT FORM TURNED IN: 253.530.1003 or Hoovers@psd401.net

School adult contacted: ____________________________

Targeted student: ____________________________

Name of Aggressor: ____________________________

Date of incident: ____________________________

Incident location (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: ____________________________

Were there any witnesses? Yes ☐ No ☐ If yes, please list names:

________________________________________________________

Please indicate why you believe the harassment, intimidation or bullying occurred:

________________________________________________________

________________________________________________________

________________________________________________________

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________________________________________________________
Check the boxes that best describe what happened:

- Hitting, kicking, shoving, spitting, hair pulling or throwing something at the targeted student
- Getting another person to hit or harm the targeted student
- Teasing, name calling, making critical remarks or threatening in person, by phone, by e-mail, etc.
- Putting the targeted student down and making the targeted student a subject of jokes
- Making rude and/or threatening gestures
- Excluding or rejecting the targeted student
- Making the targeted student fearful, demanding money or exploiting
- Spreading harmful rumors or gossip
- Cyber bullying (phoning, texting, emailing, web posting, etc.)
- Other: ________________________________

Please describe any physical injury resulting from this incident and/or if classes were missed:
____________________________________________________________________________________
____________________________________________________________________________________

For Office Use

Date received: ________________  Received by: ________________________________
Parent/guardian contacted: ________________________________
Resolved/Unresolved (circle one)  Referred to: ________________________________
Summarize action taken:
____________________________________________________________________________________
____________________________________________________________________________________

TIME SENSITIVE ***** ADMINISTRATOR DUTIES

- INFORM FAMILY OF COMPLETED INVESTIGATION VIA LETTER INDICATING HIB CLAIM
  SUBSTANTIATED OR UNSUBSTANTIATED; AND

- SUBMIT COPY OF COMPLETED INVESTIGATION AND LETTER VIA FAX: 253.530.1010 OR
  EMAIL: Hoovers@psd401.net

UPDATED: August 2017