

**Kelso School District Harassment, Intimidation or Bullying (HIB)  
Incident Reporting Form**



**School Student Attends:** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

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

**Targeted (bullied) student:** \_\_\_\_\_

**Your email address** (optional): \_\_\_\_\_ **Your phone number** (optional): \_\_\_\_\_

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

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

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

**Where did the incident(s) happen?** Be specific (example in B hall outside Mr. Doe's room)

\_\_\_\_\_

**Please check the box that best describes what the bully did.** (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/or making 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 (by phone, texting, emailing, internet, etc.)
- ☐ Other (please describe) \_\_\_\_\_

**If there were witnesses , please write the names (including last names if known):** \_\_\_\_\_

\_\_\_\_\_

**Please fill out information on the back as well.**

Did a physical injury result from this incident? If yes, please describe.

Was the bullied student absent from school as a result of the incident? ☐ Yes ☐ No If yes, please describe

Is there any additional information?

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

Is this an incident of bullying or a conflict or fight? Both are against school district policy but are handled in different ways.  
**Please check one.**

**Conflict/ Fight**

Occurs between friends or equal peers; is spontaneous or occasional; is accidental or not planned; causes no serious or lasting harm; and is not done for domination or control

**Bullying / Harassment**

Occurs between individuals who are not friends or where there is an imbalance of power; is repeated over time; is intentional; causes physical or emotional harm; has an unequal emotional reaction between two individuals involved; is done seeking control; individual shows no remorse for actions.

Received by: \_\_\_\_\_ Date received: \_\_\_\_\_

Parent/guardian contacted (name and date): \_\_\_\_\_

Person doing investigation: \_\_\_\_\_ Date of investigation \_\_\_\_\_

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

Complainant's parent/guardian contacted: Date \_\_\_\_\_ Method \_\_\_\_\_

Alleged Perpetrator's parent/guardian contacted: Date \_\_\_\_\_ Method \_\_\_\_\_

Date of follow-up: \_\_\_\_\_ Circle one: Resolved Unresolved

Additional Actions taken: \_\_\_\_\_

Please make sure all lines above are completed.