

Lake Chelan 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? Check all that apply.

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Locker room | <input type="checkbox"/> Online/Internet |
| <input type="checkbox"/> Gym | <input type="checkbox"/> Lunchroom/Cafeteria | <input type="checkbox"/> Cell phone |
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Sport field | <input type="checkbox"/> During a school activity |
| <input type="checkbox"/> Restroom | <input type="checkbox"/> Parking lot | <input type="checkbox"/> Off school property |
| <input type="checkbox"/> Playground | <input type="checkbox"/> School bus | <input type="checkbox"/> 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.

- | | | |
|---|--|--|
| <input type="checkbox"/> Blocked movement | <input type="checkbox"/> Hazing (Club, team, class, other) | <input type="checkbox"/> Racial slur(s) |
| <input type="checkbox"/> Damage to my property | <input type="checkbox"/> Intimidation directed at me | <input type="checkbox"/> Repeated behavior |
| <input type="checkbox"/> Derogatory comments | <input type="checkbox"/> Name calling | <input type="checkbox"/> Sexual Orientation Slurs |
| <input type="checkbox"/> Disrespectful comments | <input type="checkbox"/> Offensive writing or graffiti | <input type="checkbox"/> Sexual stories / jokes / pictures |
| <input type="checkbox"/> Electronic / Cyberbullying | <input type="checkbox"/> Physical harm or threats of harm | <input type="checkbox"/> Slurs, rumors, jokes |
| <input type="checkbox"/> Excluding me from activities | <input type="checkbox"/> Pranks | <input type="checkbox"/> Spreading rumors |
| <input type="checkbox"/> Gestures (Explain) | <input type="checkbox"/> Put downs | <input type="checkbox"/> Threats (to me, friends, school) |
| <input type="checkbox"/> Gossip | | <input type="checkbox"/> Touching / grabbing |
| <input type="checkbox"/> Gender slurs | | |
| <input type="checkbox"/> 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:

Are there any notes, pictures, texts, screen shots or other evidence of the event(s) you are reporting?

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: _____