

Harassment, Intimidation, and Bullying Reporting Form

Reporting Person (optional): _____

Today's Date: _____

Can we contact you? Yes ☐ No ☐

If yes, please provide the best way to contact (phone/email) _____

Contact Information: _____

Targeted Student: _____

What school does the targeted student attend?

☐ Parkside ☐ Tenino Elem. ☐ TMS ☐ THS

Name(s) of Alleged Aggressor (if known): _____

What school does the Alleged Aggressor(s) attend?

☐ Parkside ☐ Tenino Elem. ☐ TMS ☐ THS

What date(s) did the incident(s) occur (if known): _____

Has the incident been reported to a TSD employee(s)? Yes ☐ No ☐ Unsure ☐

If yes, what is the name of the employee(s): _____

Where did the incident occur? Check all that apply.

- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Lunchroom/Cafeteria | <input type="checkbox"/> Online/social media | <input type="checkbox"/> School bus |
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Sport field | <input type="checkbox"/> Cell phone | <input type="checkbox"/> Locker room |
| <input type="checkbox"/> Restroom | <input type="checkbox"/> On the way to/from school | <input type="checkbox"/> During a school activity | <input type="checkbox"/> Gym |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Off school property | |
| <input type="checkbox"/> Other (Please describe): _____ | | | |

Please check the box that best describes what the aggressor did. Check all that apply.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Blocked movement | <input type="checkbox"/> Electronic/Cyberbullying | <input type="checkbox"/> Gossip | <input type="checkbox"/> Physical harm |
| <input type="checkbox"/> Damage to my property | <input type="checkbox"/> Hazing (club/team/class) | <input type="checkbox"/> Intimidation | <input type="checkbox"/> Threats of harm |
| <input type="checkbox"/> Derogatory comments | <input type="checkbox"/> Gender slurs | <input type="checkbox"/> Name calling | <input type="checkbox"/> Pranks |
| <input type="checkbox"/> Disrespectful comments | <input type="checkbox"/> Gestures (explain) | <input type="checkbox"/> Offensive writing/graffiti | <input type="checkbox"/> Put downs |
| <input type="checkbox"/> Racial slurs | <input type="checkbox"/> Repeated behavior | <input type="checkbox"/> Sexual stories/jokes | <input type="checkbox"/> Sexual orientation slurs |
| <input type="checkbox"/> Slurs, rumors, jokes | <input type="checkbox"/> Threats | <input type="checkbox"/> Touching/grabbing | <input type="checkbox"/> |
| <input type="checkbox"/> Other (Please describe): _____ | | | |

Do you know why this occurred? _____

Were there any witnesses that you know of? ☐ Yes ☐ No *If yes, please provide their names.*

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

Was the targeted student absent from school because of the incident? ☐ Yes ☐ No

Are there any notes, pictures, texts, screenshots, or other evidence that you are reporting? ☐ Yes ☐ No

Is there anything additional that you would like us to know?

*Please submit form to any school office or the District Office.
Thank you for reporting!*

----- **For Office Use Only** -----

Received by: _____

Date Received: _____

What action was taken?

Principal Notified ☐ Yes ☐ No

Is the issue Resolved ☐ Unresolved ☐

Notes: _____

Was the Parent/Guardian contacted?

Targeted Student ☐ Yes ☐ No

Alleged Aggressor ☐ Yes ☐ No

Referred to: _____

