

Kettle Falls School District No. 212  
Harassment, Intimidation or Bullying  
Incident Reporting Form

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

Targeted student/person \_\_\_\_\_

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: please mark one

\_\_\_ 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/person
- ☐ Getting another person to hit or harm a student/person
- ☐ Teasing, name calling, making critical remarks or threatening in person, by phone, by e-mail, etc.
- ☐ Putting the student/person down and making the student/person a target of jokes
- ☐ Making rude and/or other gestures
- ☐ Excluding or rejecting the student/person
- ☐ Making the student/person fearful, demanding money or exploiting
- ☐ Spreading harmful rumors or gossip
- ☐ Cyber bullying (bullying by calling, texting, emailing, we posting, etc.)
- ☐ Other

If you selected other, please describe: \_\_\_\_\_

\_\_\_\_\_

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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? If yes, please describe:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Is there additional information? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Received by:\_\_\_\_\_

Date received:\_\_\_\_\_

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

Parent/Guardian contacted:\_\_\_\_\_

Check One Box: ☐ Resolved ☐ Unresolved

Referred to:\_\_\_\_\_