

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



Kelso School District strives to provide students with optimal conditions for learning by maintaining a school environment where everyone is treated with respect and no one is physically or emotionally harmed. In order to ensure respect and prevent harm, it is a violation of district policy for a student to be harassed, intimidated, or bullied by others in the school community.

**Please complete this form and return to the school principal or you can send or deliver to the Director of Student Services, 601 Crawford Street, Kelso WA, 98626.**

**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 have 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** \_\_\_\_\_

**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.*

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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?

\_\_\_\_\_  
\_\_\_\_\_

**Thank you for reporting!**

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-----**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:** \_\_\_\_\_ **Check one:** ☐ Resolved ☐ Unresolved

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

\_\_\_\_\_

Please make sure all lines above are completed.