Olympia School District Harassment, Intimidation or Bullying (HIB)

Incident Reporting Form

Targeted student:							
Reporting Person (optional):							
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? Circle all that apply.							
Classroom Parking lot		Hallway School bus	Restroom Internet	Playground Cell phone	Locker room Lunchroom During a school activity	Sport field	
Off sch	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						
	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 making the student a target of jokes						
	Making rude and/or threatening gestures						
	Rejecting the student						
	Making the student fearful, demanding money or exploiting						
	Spreading harmful rumors or gossip						
	Cyber bullying (bullying by calling, texting, emailing, web posting, etc.)						
	Other						
If you select 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 and contact information.
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: