

Colville 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 aggressor(s) (if known):  
\_\_\_\_\_

On what dates did the incident(s) happen (if known):  
\_\_\_\_\_

Where did the incident happen? Circle all that apply.

- Classroom     Hallway     Restroom     Playground     Locker room     Lunchroom/Cafeteria  
 Sport field     Gym     Parking lot     School bus     Online/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.

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

Other: (Please describe.)

Why do *you* think this occurred?

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Were there any witnesses? Yes  No  If yes, please provide their names:

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Did a physical injury result from this incident? If yes, please describe.

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Was the targeted student absent from school as a result of the incident? Yes No

If yes, please describe

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

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Is there any additional information you can add?

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Thank you for reporting!

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

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

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

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

Parent/guardian contacted: \_\_\_\_\_

Circle one:      Resolved      Unresolved

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