PORT TOWNSEND SCHOOL DISTRICT
Harassment, Intimidation or Bullying (HIB) Incident Reporting Form

Reporting person/person assisting with form (optional): ________________________________

Targeted student: _____________________________________________________________________

Your email address (optional): ________________________________________________________

Your phone number (optional): ________________________ Today’s date: ________________________

Name of school adult you’ve already contacted (if any): ___________________________School ______

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  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
☐ 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
☐ Excluding or 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

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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:
___________________________________________________________________________________________
___________________________________________________________________________________________

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: __________________________________________

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