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 suspected bullies (if known): ____________________________________________

On what dates did the alleged incident(s) happen (if known): __________________________

Where did the alleged 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 suspected 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

If you select other, please describe:
__________________________________________________________________________________

Why do you think the alleged 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 targeted child absent from school as a result of the alleged incident? Yes ☐ No ☐ If yes, please describe:
__________________________________________________________________________________

Is there any additional information?
__________________________________________________________________________________
__________________________________________________________________________________

Thank you for reporting! Please return to District Office, Bellingham Public Schools

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

Received by: ____________________________________________________________

Date received: __________________________________________________________

Action taken: __________________________________________________________

Parent/guardian contacted: ______________________________________________

Circle one: Resolved Unresolved

Referred to: ____________________________________________________________

Bellingham Public Schools Bellingham, Washington