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