



# THORP SCHOOL DISTRICT NO. 400

Post Office Box 150 · 10831 N. Thorp Hwy · Thorp, Washington 98946

Phone 509-964-2107 Fax 509-964-2313

www.thorpschools.org

## Washington State 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? Check 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.)



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**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, screenshots, 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!**



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

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

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

**Action Taken:** \_\_\_\_\_

**Parent/Guardian contacted:** \_\_\_\_\_

**Circle one:**            **Resolved**            **Unresolved**

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