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:

☐ Blocked movement  ☐ Damage to my property  ☐ Gestures (Explain)  ☐ Racial slur(s)
☐ Derogatory comments  ☐ Disrespectful comments  ☐ Gossip  ☐ Repeated behavior
☐ Electronic / Cyberbullying  ☐ Intimidation directed at me  ☐ Name calling  ☐ Sexual stories/jokes/pictures
☐ Excluding me from activities  ☐ Excluding me from activities  ☐ Offensive writing or graffiti  ☐ Sexual Orientation Slurs
☐ Hazing (Club, team, class, other)  ☐ Gender slurs  ☐ Physical harm or threats of harm  ☐ Slurs, rumors, jokes
☐ Other: (Please describe.)

The Thorp School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee has been designated to handle questions and complaints of alleged discrimination: Title IX Coordinator, Civil Rights Coordinator and Section 504 Compliance Coordinator, Mel Blair, (509) 964-7139, PO Box 150, 10831 N Thorp Hwy, Thorp, WA, 98946, blairm@thorpschools.org.
Why do you think this 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 student absent from school as a result of the incident? Yes ☐ No ☐ If yes, please describe:

__________________________________________________________________________________________

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

__________________________________________________________________________________________

__________________________________________________________________________________________

Is there any additional information you can add?

__________________________________________________________________________________________

__________________________________________________________________________________________

Thank you for reporting!

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