

**Spokane Public Schools 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): _____

School Site (if applicable): _____

Name(s) of bullies (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
 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

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: _____

Check one: Resolved Unresolved

Referred to: _____