

SAN JUAN ISLAND SCHOOL DISTRICT

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 bullies (if known):
On what dates did the incident(s) happen (if known):
Where did the 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 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:
Date of contact:
Circle one: Resolved Unresolved
Referred to:

Updated 11/29/11