Harassment, Intimidation or Bullying (HIB)
Incident Reporting Form

Sequim School District #05323
360-582-3260

Please Note:
1. Please print, complete, and return this form to the principal.
2. No disciplinary action will be taken against an alleged perpetrator based solely on anonymous reporting.

Today's Date: _____   Reporting Person (optional): _____

Targeted Student: _____   Targeted Student's School _____

Your Email
Address
(optional): _____   Your Phone Number (optional): _____

Name of School Adult You've Already Contacted (if any): _____

Name of Bullies (if known): _____

On what dates did the incident(s) happen (if known): _____

Where did the incident happen? Mark all that apply.

☐ Classroom   ☐ Hallway   ☐ Restroom   ☐ Playground   ☐ Locker room   ☐ Lunchroom
☐ Sport field   ☐ Internet   ☐ Cell phone   ☐ Parking lot   ☐ School bus
☐ During a school activity   ☐ On the way to/from school   ☐ Off school property
☐ 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

Describe the incident, providing specific details (write on another piece of paper if you need more space):

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? Yes ☐   No ☐   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?

All reports should be submitted to the student's assigned administrator.

Thank you for reporting!

For Office Use
Received By: _____ **Date Received:** _____
Action Taken: _____
Parent/guardian contacted (targeted student): _____ **Date:** _____
Parent/guardian contacted (alleged harasser): _____ **Date:** _____
Mark one: ☐ Resolved   ☐ Unresolved   Referred to: _____