

**HOCKINSON SCHOOL DISTRICT
HARASSMENT, INTIMIDATION OR BULLYING (HIB)
INCIDENT REPORTING FORM**

Today's date: _____

Reporting person (optional): _____

Targeted student: _____

Your e-mail address (optional): _____

Your phone number (optional): _____

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.

- | | | | | | |
|--|--|--|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Hallway | <input type="checkbox"/> Restroom | <input type="checkbox"/> Playground | <input type="checkbox"/> Locker room | <input type="checkbox"/> Lunchroom/Cafeteria |
| <input type="checkbox"/> Sport field | <input type="checkbox"/> Gym | <input type="checkbox"/> Parking lot | <input type="checkbox"/> School bus | <input type="checkbox"/> Cell phone | <input type="checkbox"/> Online/Internet |
| <input type="checkbox"/> During a school activity | <input type="checkbox"/> Off school property | <input type="checkbox"/> On the way to/from school | | | |
| <input type="checkbox"/> 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"/> Threats (to me, friends, school) | <input type="checkbox"/> Racial slur(s) |
| <input type="checkbox"/> Damage to my property | <input type="checkbox"/> Hazing (club, team, class, other) | <input type="checkbox"/> Gender slurs |
| <input type="checkbox"/> Derogatory comments | <input type="checkbox"/> Electronic / Cyberbullying | <input type="checkbox"/> Pranks |
| <input type="checkbox"/> Intimidation directed at me | <input type="checkbox"/> Offensive writing or graffiti | <input type="checkbox"/> Gossip |
| <input type="checkbox"/> Sexual stories/jokes/pictures | <input type="checkbox"/> Slurs, rumors, jokes | <input type="checkbox"/> Name calling |
| <input type="checkbox"/> Disrespectful comments | <input type="checkbox"/> Excluding me from activities | <input type="checkbox"/> Put downs |
| <input type="checkbox"/> Sexual Orientation Slurs | <input type="checkbox"/> Physical harm or threats of harm | <input type="checkbox"/> Touching / grabbing |
| <input type="checkbox"/> Repeated behavior | <input type="checkbox"/> Spreading rumors | |
| <input type="checkbox"/> Gestures (Explain) _____ | | |
| <input type="checkbox"/> Other (Please describe) _____ | | |

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, screen shots or other evidence of the event(s) you are reporting?

Is there any additional information you can add?

Thank you for reporting!

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

Received by: _____

Date received: _____

Action taken: _____

Parent/guardian contacted: _____

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

Referred to: _____