

WASHINGTON STATE HARASSMENT, INTIMIDATION OR BULLYING

Incident Reporting Form

Reporting person (optional): _____

Targeted student: _____

Your e-mail 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? Check all that apply.

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

Other (please describe): _____

Please check the box that best described 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, e-mailing, 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: _____

Circle one: Resolved Unresolved

Referred to: _____